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ABSTRACT

The basic objectives of this volume are to present a detailed overview of the system document flow, display the relationship of individual output reports to particular key management decisions, trace the input document data elements required to meet the information requirements of six key management decisions, and trace the data document element flow from the weekly Parent Child Center (PCC) records to the Quarterly Input Reports. Flowcharts are used to display the input-output relationship of each document, the person constituting the information source, and the users of the reports. Three levels of decisionmaking are identified relating to each of the six key management decisions, and performance indicators for specific contributing decisions are related to particular data elements in the records and reports. Input documents are specified in which various key data elements appear, and finally each data element is traced as it appears on each input document. (Author/WM)

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Parent Child Center

Management Information System

System Documentation:

Vol. II. MIS Data by Management Information Requirement

Abt Associates, Cambridge, Mass.
Report
Number 73-63

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Project Director

May 31, 1973

EA 005 762

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VOLUME II: DOCUMENTATION OF PCC-MIS DATA BY MANAGEMENT INFORMATION REQUIREMENT

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SECTION I

I. SYSTEM OVERVIEW

Introduction to Volume II

The basic objectives of this volume are to present a detailed overview of the system document flow, to display the relationship of individual output reports to particular key management decisions, to trace the input document data elements required to meet the information requirements of six key management decisions, and to trace the document data element flow from the weekly PCC records to the Quarterly input Reports.

The first chapter presents a series of macro-and micro-flow charts. The macro-flow chart is used to display the input-output relationship of each document, the person who is the information source or responsible for preparing the report, and the users of the reports. The micro-flow charts display graphically the intergration of the output documents into the decision-making process, the action alternatives available following analysis of the documents, and the role of individual output documents in providing information critical to each of the major contributing decisions.

The second chapter identifies three levels of decision-making, relates each of the six key management decisions to one or more of these decision-making levels, and enumerates the contributing decisions and performance indicators which determine the final evaluation of the key management decisions.

The next three chapters relate the performance indicators for specific contributing decisions to particular data elements in the local weekly PCC records, in the PCC quarterly input reports and in the quarterly management reports prepared by the national PCC Program Office. The third chapter therefore relates the performance indicators of each contributing decision to data elements in the weekly PCC records. The fourth chapter relates these performance indicators to particular data elements of the quarterly PCC input documents. The fifth chapter relates these performance indicators to data elements available in the Quarterly Management Reports prepared by the National PCC Program Office.

The next two chapters display in which input documents various key data elements appear. These chapters will be particularly useful in the revision of the Management Information System, since they enable a technical staff member to trace through each document in which a particular piece of information appears; this capability is critical in the event of a program management decision to revise one or more key input documents. As these chapters make clear, a revision of some data elements in one input document may require several revisions in other input documents to permit the system to maintain its internal consistency. The sixth chapter, therefore, presents the cross-referencing of data elements by each input document for each of the weekly PCC documents. The seventh chapter presents the similar cross-referencing of data elements by each input document for each of the quarterly PCC input documents.

The final chapter supplements the capability of the prior chapters by tracing through each data element on each input document. Where the preceding two chapters took individual data elements in sequence and identified either the Local PCC Record (Chapter VI) or Quarterly Report (Chapter VII) on which the data element appears, the eighth chapter takes each weekly PCC input document in turn and traces each data element on that document in sequence, specifying the frequency with which the data element is updated, and for which output document the data element is an input.

System Overview

Introduction:

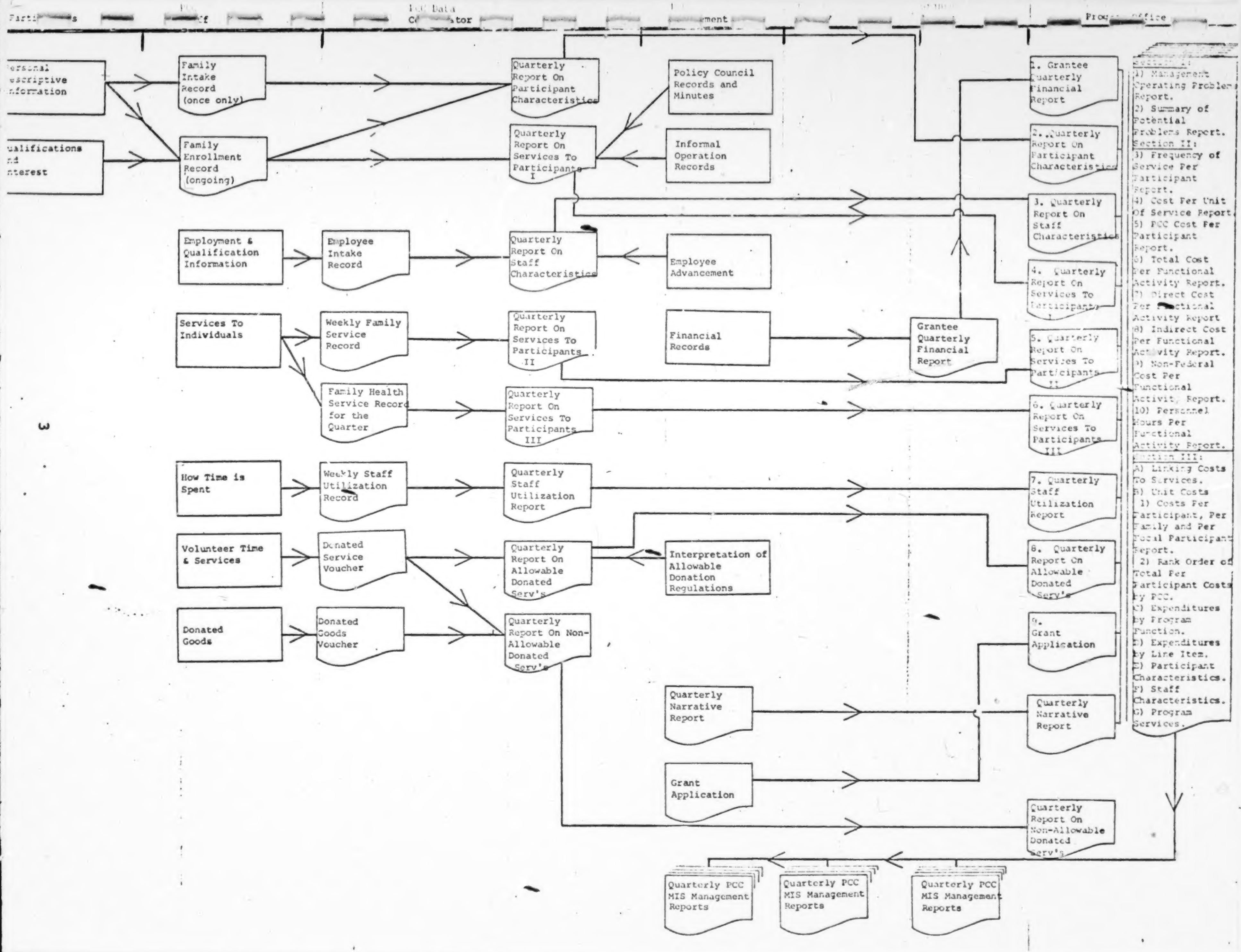
The following flow charts supplement the matrix documentation presented elsewhere in these volumes by schematically representing the information sources and the recipients of PCC MIS information. The review and analysis process of the system, and the broad outlines of the program management decision-making process are also schematically represented in these flow charts.

The major strength of these schematic representations is their ability to capture in a visual display the overall system flow. These flow charts will therefore be of assistance in providing a general orientation to the system and in viewing the interrelationship of system components. However, these schematic representations should not be viewed as charts of every possible dimension of every possible management decision, or as diagrams of every possible management action alternative. These limitations are present first because attempting to present such detail would defeat the basic purpose of the flow charts, i.e., to convey quickly to the analyst the major features of the system. But these limitations are also present because of the complexity of the program analysis and management task itself; to capture every possible management action alternative in a diagram would imply that every management decision was somehow codified and programmed and needed only to be communicated to the local programs.

Macro Flow Chart of the PCC-MIS:

The Organization Flow Chart on the following page represents the organization of the entire PCC Management Information System. Some features of this macro flow chart include:

- a listing across the top of the chart of the major information sources and recipients in the system (e.g. the PCC Data Coordinator and the National PCC Program Office);
- the flow of information from its source to the Quarterly Report conveying the information to the National PCC Program Office;
- the recipients of the MIS output Management Reports (including the PCC Management, the Delegate Agency and the Grantee Agency);
- some of the major information sources not included in the system but required by it (e.g., the informal operation records maintained by the PCC and indicating for example how many days the PCC was open for service, and the Grant Application submitted outside the system by the PCC and indicating for example how many participant families were proposed by the PCC).


Parti s
PCC ff
PCC Data C ator
ment
Program Office
Personal descriptive information
Qualifications and interest
Family Intake Record (once only)
Family Enrollment Record (ongoing)
Quarterly Report On Participant Characteristics
Quarterly Report On Services To Participants I
Policy Council Records and Minutes
Informal Operation Records
Employment & Qualification Information
Employee Intake Record
Quarterly Report On Staff Characteristics
Employee Advancement
Services To Individuals
Weekly Family Service Record
Quarterly Report On Services To Participants II
Financial Records
Grantee Quarterly Financial Report
Family Health Service Record for the Quarter
Quarterly Report On Services To Participants III
How Time is Spent
Weekly Staff Utilization Record
Quarterly Staff Utilization Report
Volunteer Time & Services
Donated Service Voucher
Quarterly Report On Allowable Donated Serv's
Interpretation of Allowable Donation Regulations
Donated Goods
Donated Goods Voucher
Quarterly Report On Non-Allowable Donated Serv's
Quarterly Narrative Report
Grant Application
1. Grantee Quarterly Financial Report
2. Quarterly Report On Participant Characteristics
3. Quarterly Report On Staff Characteristics
4. Quarterly Report On Services To Participants I
5. Quarterly Report On Services To Participants II
6. Quarterly Report On Services To Participants III
7. Quarterly Staff Utilization Report
8. Quarterly Report On Allowable Donated Serv's
9. Grant Application
Quarterly Narrative Report
Quarterly Report On Non-Allowable Donated Serv's
Section I:
1) Management Operating Problems Report.
2) Summary of Potential Problems Report.
Section II:
3) Frequency of Service Per Participant Report.
4) Cost Per Unit Of Service Report.
5) PCC Cost Per Participant Report.
6) Total Cost Per Functional Activity Report.
7) Direct Cost Per Functional Activity Report
8) Indirect Cost Per Functional Activity Report.
9) Non-Federal Cost Per Functional Activity Report.
10) Personnel Hours Per Functional Activity Report.
Section III:
A) Linking Costs To Services.
B) Unit Costs
1) Costs Per Participant, Per Family and Per Total Participant Report.
2) Rank Order of Total Per Participant Costs by PCC.
C) Expenditures by Program Function.
D) Expenditures by Line Item.
E) Participant Characteristics.
F) Staff Characteristics.
G) Program Services.
Quarterly PCC MIS Management Reports
Quarterly PCC MIS Management Reports
Quarterly PCC MIS Management Reports

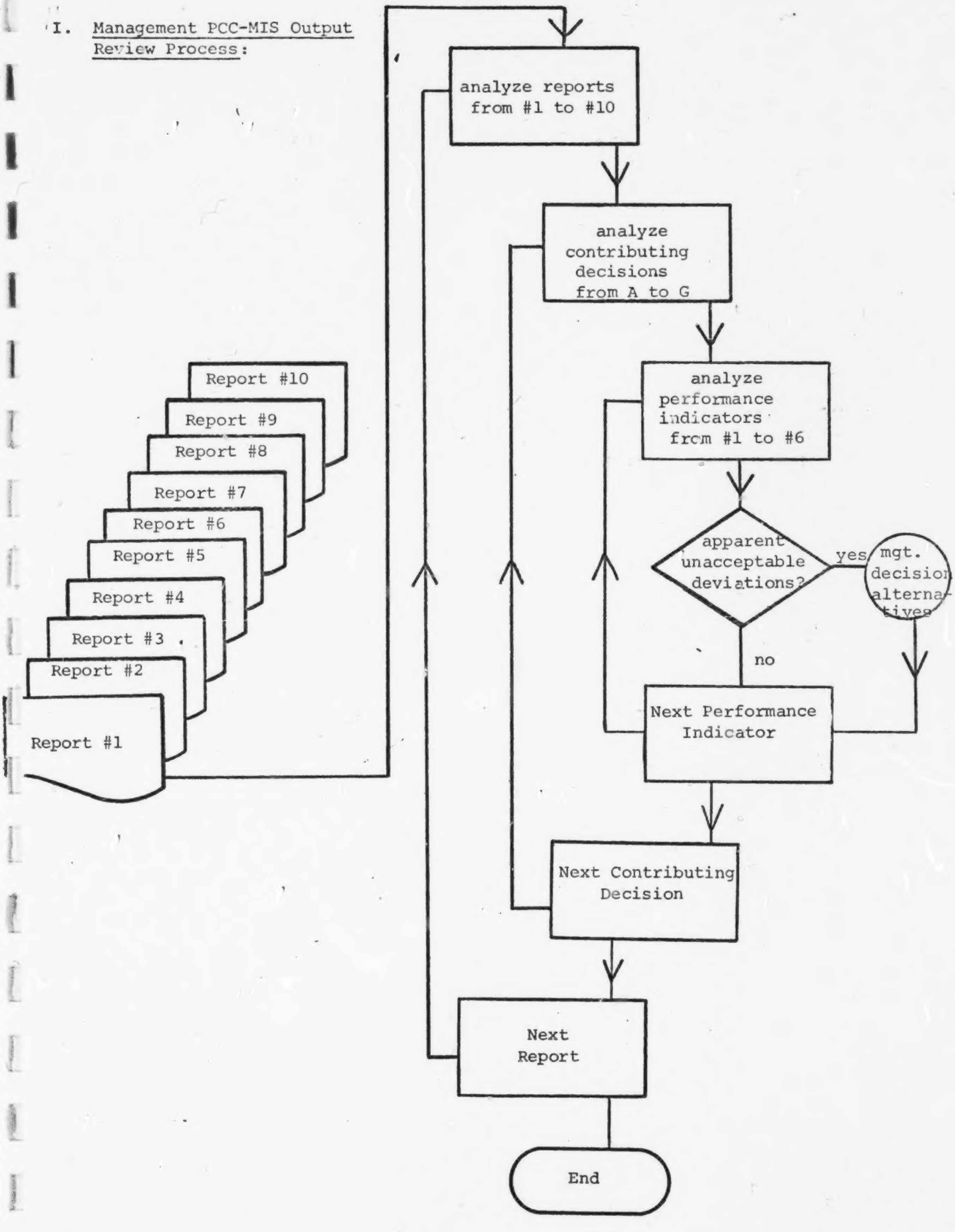
I. Management PCC-MIS Output Review Process:

This flow chart represents the PCC Management analysis and review process which takes place after the Quarterly Management Reports have been generated. As such, this chart is presented in response to the question, "what happens after the PCC-MIS Management Reports are prepared?"

The analyst should note particularly the circular "off page connector" symbol on the far right of the chart, which connects this review and analysis process to the next flow chart depicting the broad outlines of the PCC Management decision-making process.

In presenting this flow chart, emphasis has been placed on the National PCC Program Office analysis of the performance of individual PCC's, since this is perhaps the most direct usage of the MIS in improving and monitoring the performance of individual PCC's.

I. Management PCC-MIS Output Review Process:

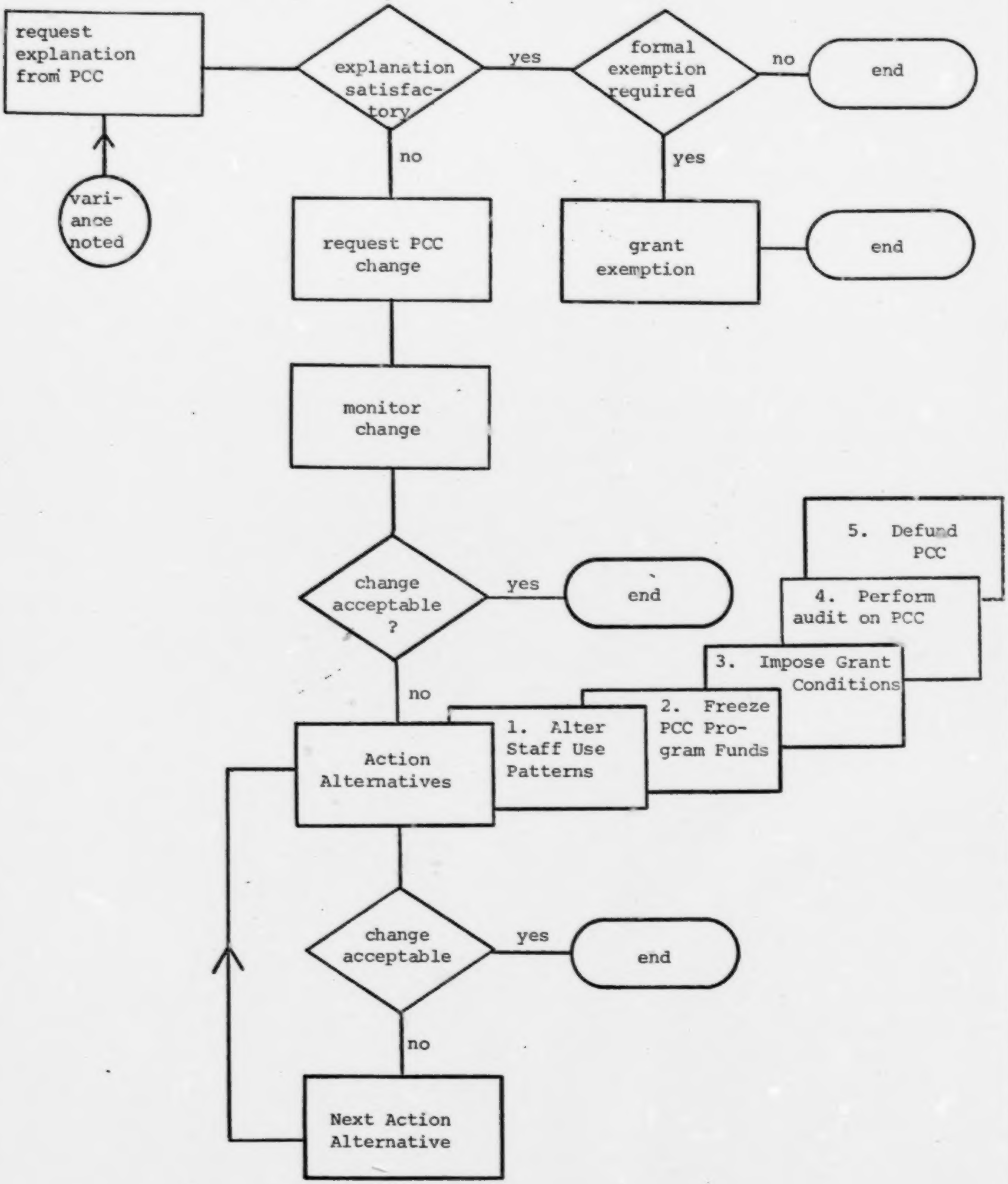

Report #10
Report #9
Report #8
Report #7
Report #6
Report #5
Report #4
Report #3
Report #2
Report #1
analyze reports from #1 to #10
analyze contributing decisions from A to G
analyze performance indicators from #1 to #6
apparent unacceptable deviations?
yes
mgt.
decisio
alterna-
tives
no
Next Performance Indicator
Next Contributing Decision
Next Report
End

III. Management Decision Alternatives:

This flow chart represents a broad outline of the decision alternatives sequentially available to the PCC Program Administrators following discovery of an "apparently unacceptable deviation" in the analysis process diagrammed on the preceding flow chart.

The action alternatives represented in the flow chart are intended to be suggestive rather than comprehensive, but are presented in the approximate order of increasingly drastic actions taken to secure compliance.

II. Management Decision Alternatives


request explanation from PCC
vari-ance noted
explanation satisfac-tory
yes
no
formal exemption required
no
end
yes
grant exemption
end
request PCC change
monitor change
change acceptable ?
yes
end
no
Action Alternatives
1. Alter Staff Use Patterns
2. Freeze PCC Pro-gram Funds
3. Impose Grant Conditions
4. Perform audit on PCC
5. Defund PCC
change acceptable
yes
end
no
Next Action Alternative

Micro Flow Charts:

The following flow charts depict in more minute detail the analysis process presented in broad sketch on the "Management PCC-MIS Output Review Process" flow chart.

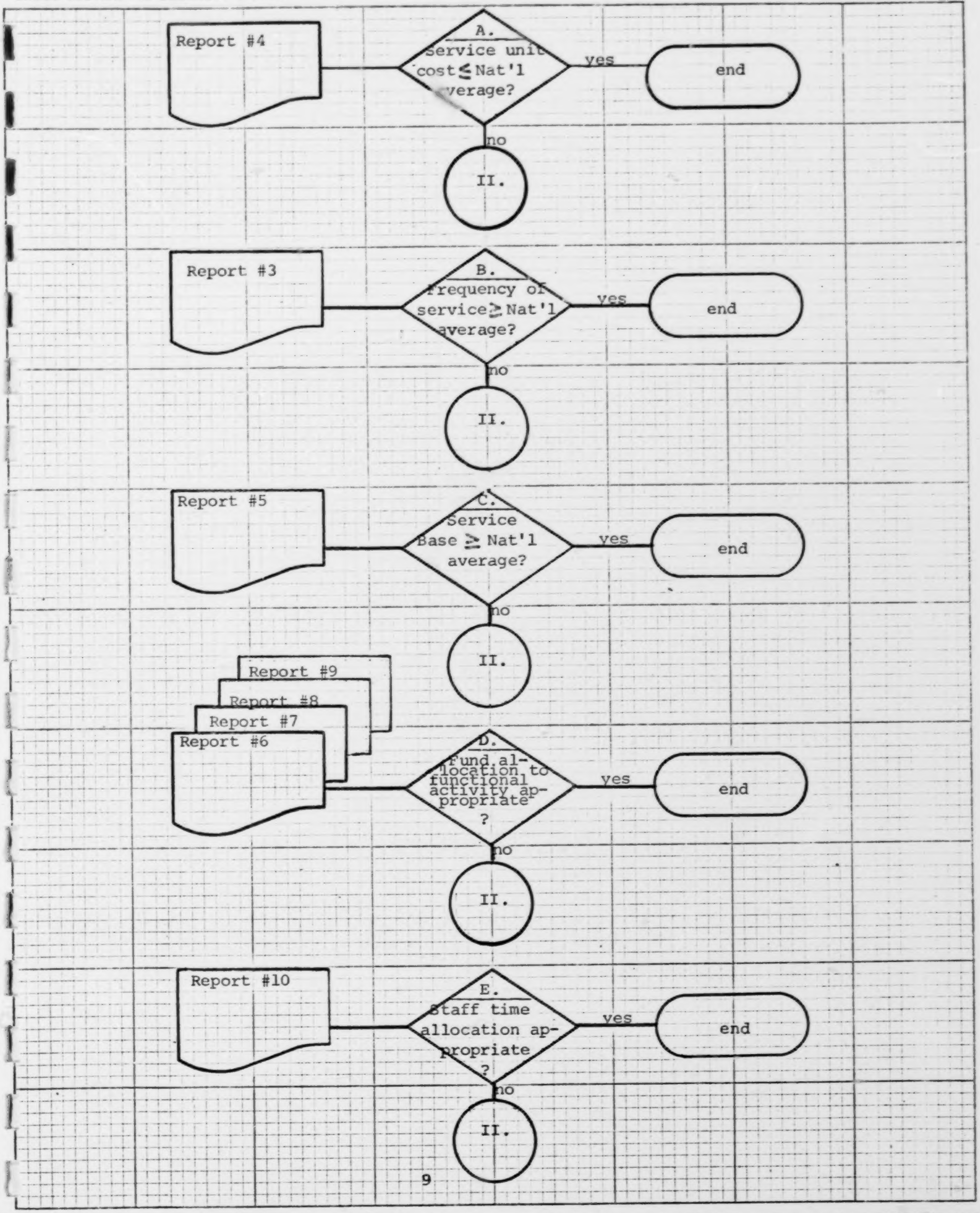
These examples were chosen because they represent the most programmable decisions provided for in the MIS, because these decisions are clearly defined.

The analyst should note that the "off page connector" symbol is again used to refer the decision-maker back to the "Management Decision Alternatives" flow chart presented above.

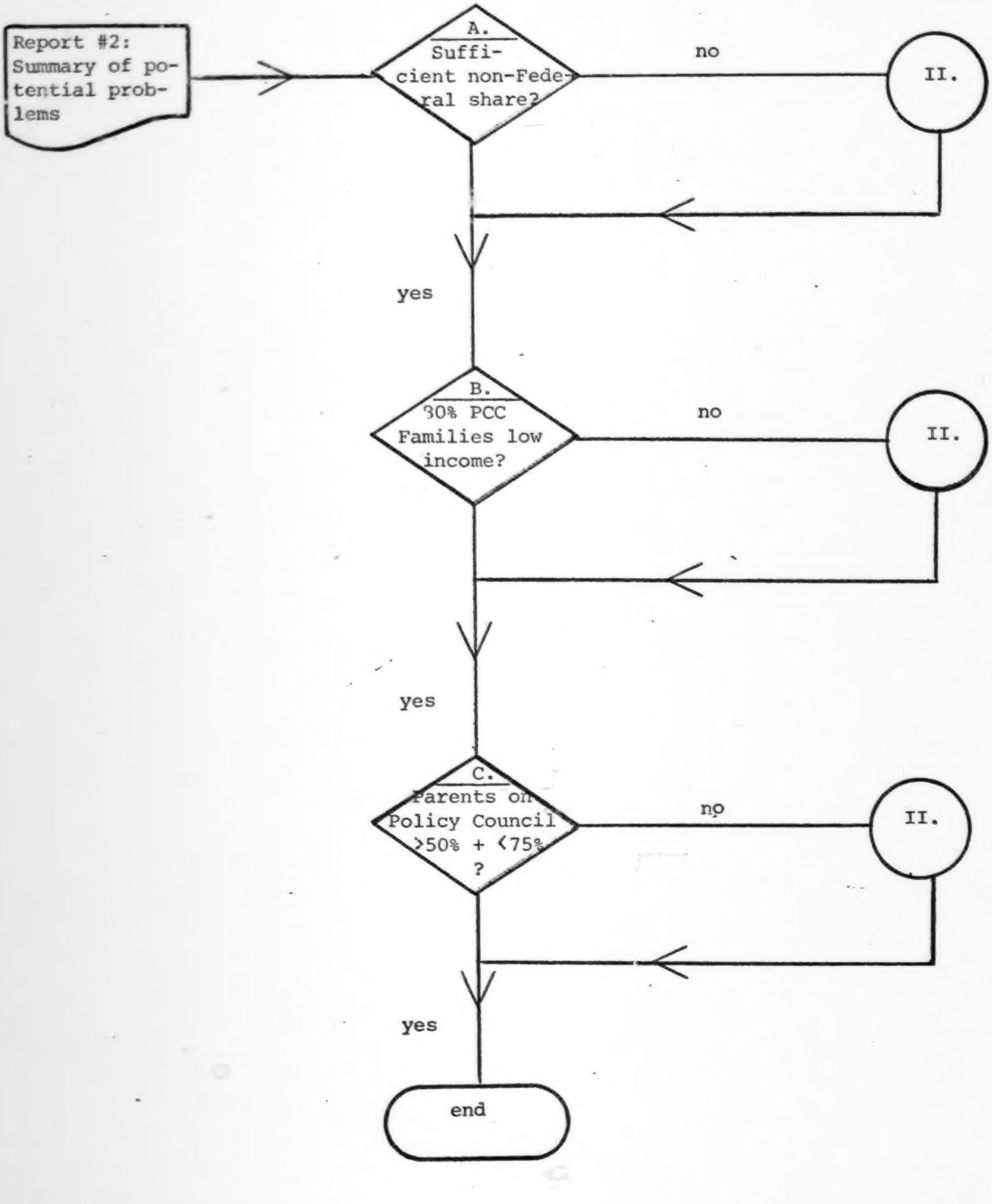
The decision level represented by this flow charts is that of the National PCC Program Office.

"THE CHAMPION LINE" NO. 610
CROSS SECTION - 10 SQUARES

III. Key Management Decision #1: How to distribute PCC program funds among the PCC's?

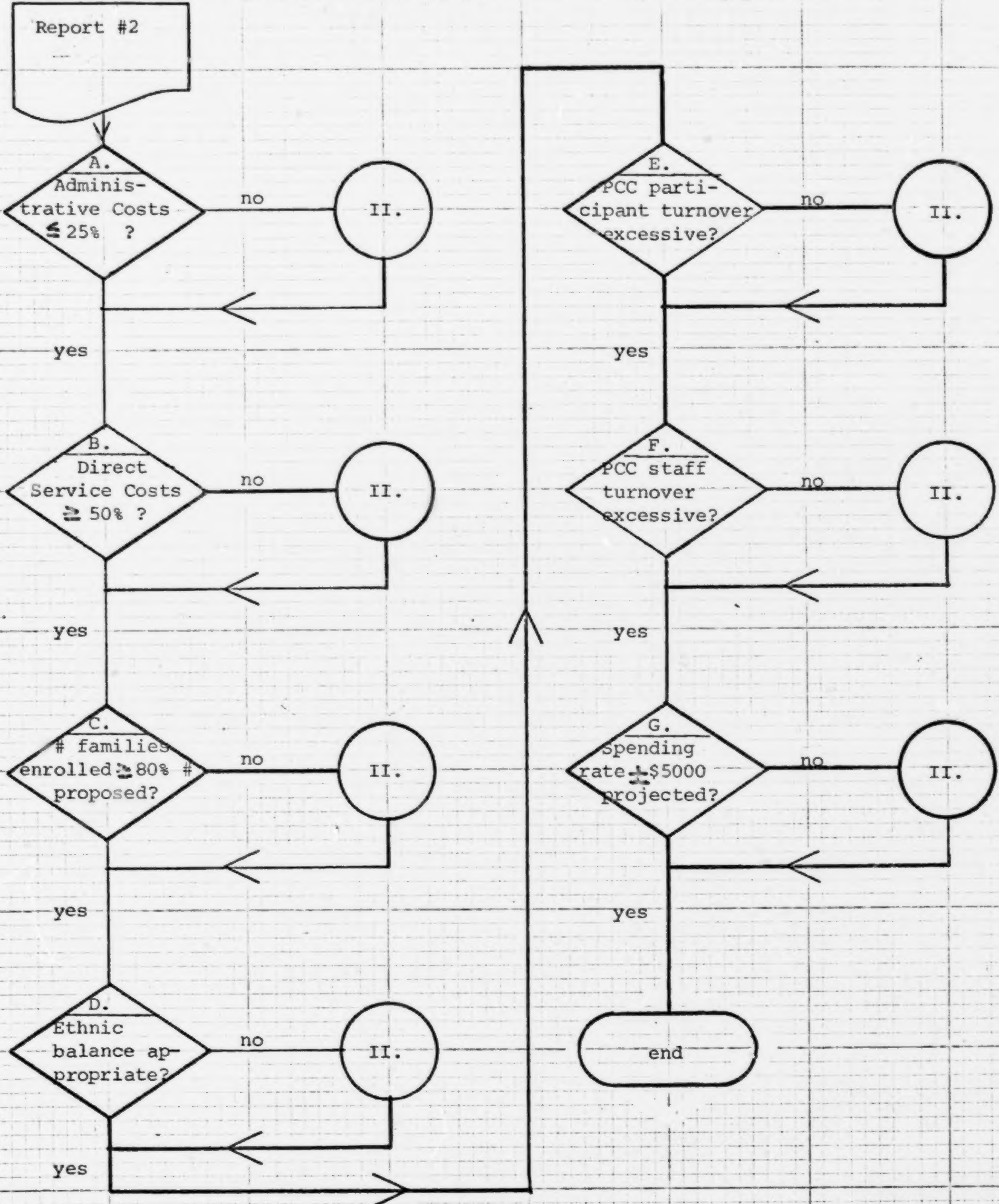

Report #4
A.
Service unit cost ≤ Nat'l average?
yes
end
no
II.
Report #3
B.
Frequency of service ≥ Nat'l average?
yes
end
no
II.
Report #5
C.
Service Base ≥ Nat'l average?
yes
end
no
II.
Report #9
Report #8
Report #7
Report #6
D.
Fund allocation to functional activity appropriate ?
yes
end
no
II.
Report #10
E.
Staff time allocation appropriate ?
yes
end
no
II.

IV. Key Management Decision #2:
How to monitor PCC compliance with program guidelines and regulations?


Report #2:
Summary of potential problems
A.
Sufficient non-Federal share?
no
II.
yes
B.
30% PCC Families low income?
no
II.
yes
C.
Parents on Policy Council >50% + <75% ?
no
II.
yes
end

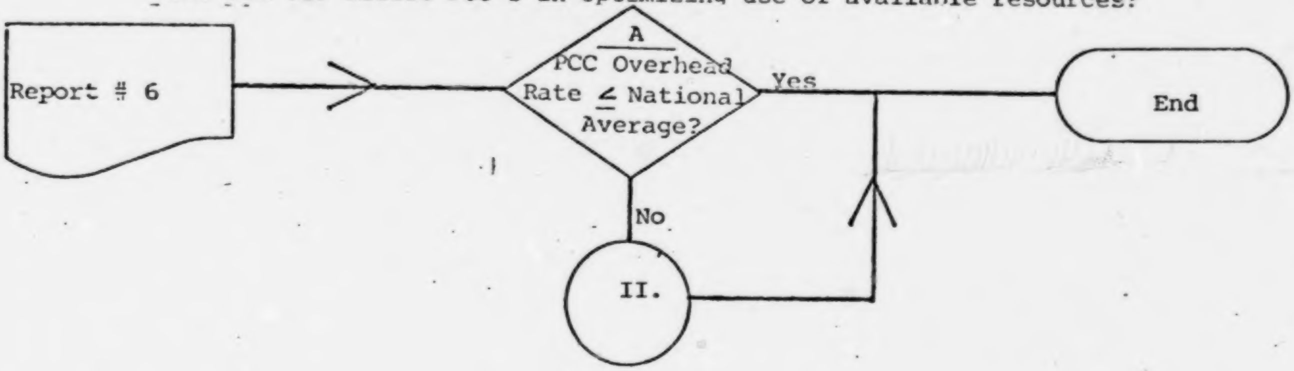
"THE CHAMPION LINE" NO. 810
CROSS SECTION - 10 SQUARES TO INCH

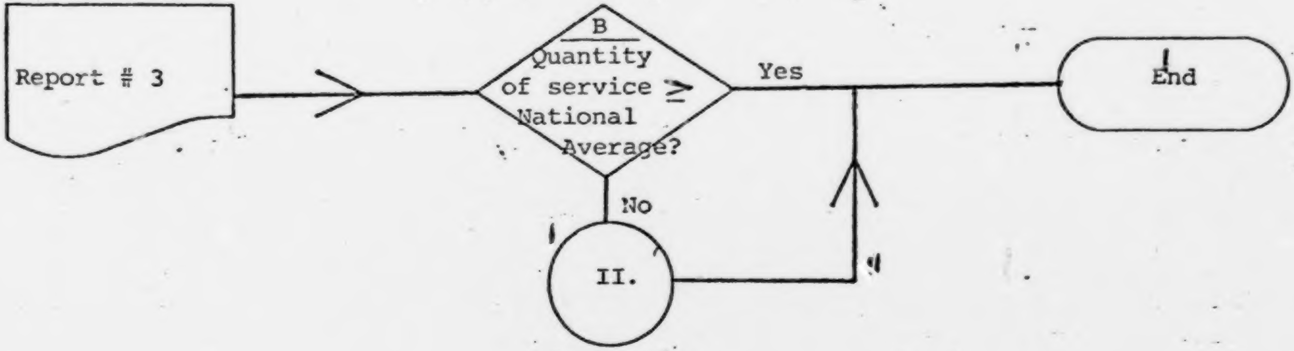
V. Key Management Decision #3: How to monitor and remedy potential PCC operating problems?

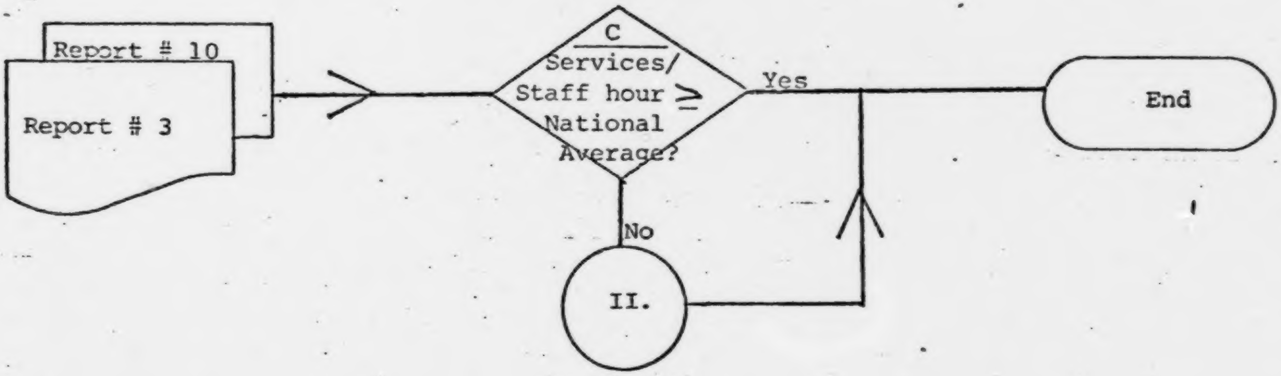

Report #2
A. Adminis-trative Costs ≦ 25% ?
no
II.
yes
B. Direct Service Costs ≧ 50% ?
no
II.
yes
C. # families enrolled ≧ 80% # proposed?
no
II.
yes
D. Ethnic balance ap-propriate?
no
II.
yes
E. PCC parti-cipant turnover excessive?
no
II.
yes
F. PCC staff turnover excessive?
no
II.
yes
G. Spending rate ± $5000 projected?
no
II.
yes
end

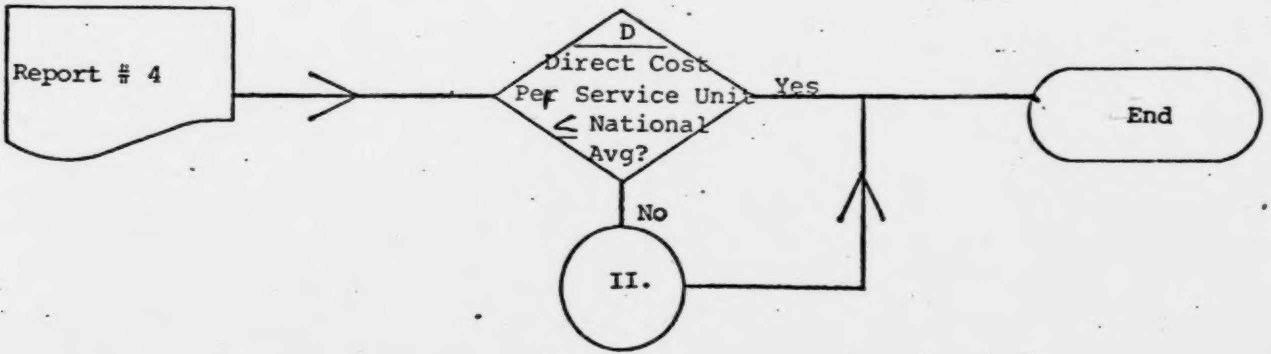
VI. Key Management Decision # 4.

How can OCD assist PCC's in optimizing use of available resources?


Report # 6
A
PCC Overhead Rate ≤ National Average?
Yes
End
No
II.


Report # 3
B
Quantity of service ≥ National Average?
Yes
End
No
II.


Report # 10
Report # 3
C
Services/ Staff hour ≥ National Average?
Yes
End
No
II.


Report # 4
D
Direct Cost Per Service Unit ≤ National Avg?
Yes
End
No
II.

SECTION II

II. INFORMATION REQUIREMENTS BY LEVEL OF DECISION-MAKING

Introduction:

The PCC Management Information System is useful only insofar as it provides output information matching the information requirements of various levels of program decision-makers. The effort to identify these decision-making levels and to define their information requirements began with the initial Management Information System design Contract No. HEW-OS-71-715 which culminated in the Phase I: Findings and Recommendations Final Report of October 25, 1971.

In this Phase I Final Report, four levels of decision-making were identified, including:

- the local PCC level
- the local PCC project advisor level
- Grantee and Delegate Agencies of the PCC's
- the OCD National Level

For each of these levels, information requirements were defined and recommendations articulated concerning the MIS information components which could best meet these needs (cf. Chapter 6, Sections I-IV, pp. 82-124).

Continuing this effort to define decision-making levels and define their information requirements, the original four levels have been revised to three levels, including:

- PCC's and Supporting Agents (comprising the project advisors grantees and delegate agencies);
- National PCC Program Office;
- Federal Policy Makers and Program Planners.

These revisions in the decision-making level categories, therefore, have essentially added one category (Federal Policy Makers and Program Planners) and compressed three categories (the local PCC's, Project Advisors and Grantees and Delegate Agencies) into one category (PCC's and Supporting Agencies).

Likewise, the information requirements identified under each of the Phase I Final Report categories have been synthesized into 6 key managment decision areas; these key management decisions are listed below grouped under decision-making level category involved in making these decisions:

1) PCCs and Supporting Agents, who are responsible for:
    a) Monitoring PCC compliance with program guidelines and regulations (Management Decision # 2);
    b) Monitoring potential PCC operating problems (Management Decision # 3);
    c) Optimizing Use of available resources (Management Decision # 4);
2) National PCC Program Office, who are responsible for:
    a) Distributing the program budget among the PCC's (Management Decision # 1);
    b) Monitoring PCC compliance with program guidelines and regulations (Management Decision # 2);
    c) Monitoring potential PCC operating problems (Management Decision # 3);
    d) Optimizing Use of available resources (Management Decision # 4);
    e) Long range planning for the PCC's (Management Decision # 5);
3) Federal Policy Makers and Program Planners, who are responsible for:
    a) Long Range Planning for the PCC's (Management Decision # 5);
    b) Justifying the use of public funds by PCC's (Management Decision # 6).

An effort has been made in conceptualizing and classifying these decision areas to minimize the number of PCC characteristics to be examined at each level of decision-making. Without this tight focusing of management attention on critical PCC characteristics, there is risk of losing sight of PCC performance on key program objectives. While these decision areas direct attention to the most important program features, they also exclude PCC performance characteristics which help explain superior or deficient performance in critical areas. Some of the problems to which the various decision-makers should be sensitive because of these exclusions are illustrated below.

As part of this effort to minimize the number of PCC characteristics examined by decision-makers, several key assumptions have been made. These assumptions are made explicit to avoid confusion over the intent of the decision areas and to promote further discussion of heretofore largely implicit evaluation criteria. These assumptions include:

1) that the most important direct services provided by the PCC are Child Care and Supervision, Parent Education and Training, Health Services and Food Services. The importance of these services is derived from the principal PCC program objectives of providing child care, health and nutrition benefits to children from 0 to 3 years old, and reinforcing these program benefits by educating parents to improve child care, health care and nutrition received at home.

2) that the principal PCC program evaluative criteria used to assess PCC effectiveness in providing these services are the frequency with which they are provided to PCC participants and the cost per unit of service delivered. While more intangible qualitative service delivery characteristics are probably more important in determining the value of PCC services, these are not readily measurable on a continuing national

basis, and therefore must be assessed as reflected in the quantitative PCC information.

3) that the best practical means of evaluating PCC performance is comparison of PCC characteristics with corresponding national averages. While the use of single number averages does not convey the diversity of various groups of PCC's, it does serve to highlight more readily some indication of the PCC's relative performance.

These assumptions pertain most directly to the first four key management decision areas, including 1) distributing the program budget among PCC's; 2) monitoring PCC compliance with program guidelines and regulations; 3) monitoring potential PCC operating problems; and 4) optimizing the use of available resources. Therefore, the decision-makers at the local PCC level and the national PCC Program Office level should be most sensitive to the impact and limitations of these assumptions.

Decision-makers at these levels should also be sensitive to measurement problems inherent in the program service delivery process and to the explanatory value of some PCC characteristics not included in these key management decision areas.

Several illustrations of the measurement problems can be cited. In the Health Services area, for example, only the number of persons receiving health services per quarter is available, and not the number of services provided; some allowance should therefore be made in the case of a high PCC cost per recipient of health services for the possibility of a higher frequency of service per recipient per quarter. Similar allowances should be made for PCC's reporting high costs per unit of Food Service, since some PCC's provide hot meals prepared at the Center where others provide only box lunches prepared elsewhere. Likewise in the Child Care area there is no uniform time duration of service, with the result that a PCC averaging two hours per child care service could be incurring lower costs than a PCC averaging four hours per child care service. A related example is the PCC with a larger proportion of "other children" (i.e. children over three years old) would incur lower cost per service than a PCC with a smaller proportion because local state regulations permit a larger number of children per staff member for older children than for infants.

Two frequently recurring examples of the importance of PCC characteristics not included in the key management decision areas can be cited. A PCC which must provide extensive transportation services because of the low population density in its target area will have fewer funds to allocate to critical PCC direct services than will a PCC with a less pressing transportation problem. Similarly, a PCC in a high cost area which is forced to spend heavily for space and occupancy costs will have less to spend on direct services. In many cases, however, these two variables will tend to cancel each other, since space costs tend to be less in rural areas requiring high transportation costs.

Two other assumptions have been made pertaining to the Long Range Planning key management decision area, including:

1) that the original PCC program planning model assumed 100 focal children and 70 families per PCC, and that these program goals have not changed despite the frequency of service provided to parents and "other children" currently enrolled in the PCC's.

2) that the best means of long range planning for the PCC's is to compare current PCC performance characteristics with the theoretical characteristics of the model PCC. This emphasis on long range planning demands not only that the actual experience of the PCC's be used to identify PCC deficiencies, but that this actual experience be used to identify deficiencies in the original planning model.

KEY MANAGEMENT DECISION # 1: How should OCD distribute the program budget among the PCC's?

Contributing Decision A:

Are key PCC services provided at low cost per unit of service?

Performance Indicator:

Are Child Care and Supervision services provided for a cost per unit which is LESS THAN OR EQUAL TO the national average cost?

Are Parent Education and Training services provided for a cost per unit which is LESS THAN OR EQUAL TO the national average cost?

Are Health Services provided for a cost per recipient which is LESS THAN OR EQUAL TO the national average cost?

Are Food Services provided for a cost per unit which is LESS THAN OR EQUAL TO the national average cost?

Contributing Decision B:

Are key PCC services provided frequently enough to participants to achieve PCC objectives?

Performance Indicator:

Are Child Care and Supervision services per child per week GREATER THAN OR EQUAL TO the national average frequency per child per week?

Are Parent Education and Training services per family per quarter GREATER THAN OR EQUAL TO the national average frequency per family per quarter?

Are Health Services recipients per family per quarter GREATER THAN OR EQUAL TO the national average per quarter?

Are Food Services per family per week GREATER THAN OR EQUAL TO the national average frequency per family per week?

KEY MANAGEMENT DECISION # 1: (cont).

Contributing Decision C:

Is the PCC service base large enough to be appropriate for PCC levels of service delivery?

Performance Indicator:

Is the number of focal children GREATER THAN OR EQUAL TO the national average number of focal children per PCC?

Is the number of focal mothers GREATER THAN OR EQUAL TO the national average number of focal mothers per PCC?

Is the number of families GREATER THAN OR EQUAL TO the national average number of families per PCC?

Contributing Decision D:

Is the PCC allocation of funds to key service categories appropriate to PCC objectives of service delivery?

Performance Indicator:

Is the percentage of total expenditures allocated to Child Care and Supervision GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total expenditures allocated to Parent Education and Training GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total expenditures allocated to Health Services GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total expenditures allocated to Food Services GREATER THAN OR EQUAL TO the national average percentage allocation?

KEY MANAGEMENT DECISION # 1: (cont).

Contributing Decision E:

Is the PCC allocation of staff time to key service categories appropriate to PCC objectives of service delivery?

Performance Indicator:

Is the percentage of total staff hours allocated to Child Care and Supervision GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total staff hours allocated to Parent Education and Training GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total staff hours allocated to Health Services GREATER THAN OR EQUAL TO the national average percentage allocation?

Is the percentage of total staff hours allocated to Food Services GREATER THAN OR EQUAL TO the national average percentage allocation?

KEY MANAGEMENT DECISION # 2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

Contributing Decision A:

Is the non-Federal contribution appropriate to current levels of PCC Federal funding?

Performance Indicator:

Is the non-Federal contribution GREATER THAN OR EQUAL TO 20% of total PCC expenditures?

If non-Federal contribution is less than 20%, has the PCC been formally exempted?

Contributing Decision B:

Are the clients served by the PCC appropriate to the objectives of the PCC?

Performance Indicator:

Is the number of PCC families whose incomes are below the applicable Federal definition of poverty levels EQUAL TO OR GREATER THAN 90% of the total families served by the PCC?

Contributing Decision C:

Is the parent representation on the PCC Policy Council appropriate?

Performance Indicator:

Is the number of parents serving on the PCC Policy Council GREATER THAN OR EQUAL TO 50% of the total members of the PCC Policy Council?

Is the number of parents serving on the PCC Policy Council LESS THAN OR EQUAL TO 75% of the total members of the PCC Policy Council?

KEY MANAGEMENT DECISION # 3: How Can OCD monitor and remedy potential PCC Operating Problems?

Contributing Decision A:

Are the Administrative Costs appropriate for the PCC?

Performance Indicator:

Are the Administrative Costs LESS THAN OR EQUAL TO 25% of total PCC Costs?

Contributing Decision B:

Are the Direct Costs appropriate for the PCC?

Performance Indicator:

Are the Direct Costs GREATER THAN OR EQUAL TO 50% of total PCC Costs?

Contributing Decision C:

Is the number of families enrolled appropriate to the PCC's level of operation?

Performance Indicator:

Is the number of families enrolled GREATER THAN OR EQUAL TO 80% of the number of families proposed by the PCC?

Is the number of families enrolled GREATER THAN OR EQUAL TO 90% of the National Average of families enrolled per PCC?

Does the number of families enrolled result in an annual PCC cost per family less than $4000?

Contributing Decision D:

Is the ethnic balance among PCC staff members appropriate to the ethnic balance among PCC families?

Performance Indicator:

Is the ratio of dominant ethnic group staff members to total staff members GREATER THAN OR EQUAL TO 80% of the ratio of dominant ethnic group PCC families to total PCC families?

KEY MANAGEMENT DECISION # 3: (cont).

Contributing Decision E:

Is the turnover among PCC participants appropriate to the needs of the community?

Performance Indicator:

Is the number of participants terminated during the quarter LESS THAN OR EQUAL TO 10% of participants enrolled at the end of the quarter?

Is the number of participants terminated during the preceding two quarters LESS THAN OR EQUAL TO 20% of the number of participants enrolled at the end of the most recent quarter?

Is the number of participants terminated during the preceding three quarters LESS THAN OR EQUAL TO 30% of the number of participants enrolled at the end of the most recent quarter?

Is the number of participants terminated during the preceding four quarters LESS THAN OR EQUAL TO 40% of the number of participants enrolled at the end of the most recent

Contributing Decision F:

Is the turnover among PCC staff members appropriate to the needs of the PCC?

Performance Indicator:

Is the number of permanent employees terminated during the quarter LESS THAN OR EQUAL TO 20% of the permanent employees on the PCC payroll at the end of the quarter?

Is the number of permanent employees terminated during the preceding two quarters LESS THAN OR EQUAL TO 30% of the permanent employees on the PCC payroll at the end of the most recent quarter?

Is the number of permanent employees terminated during the preceding three quarters LESS THAN OR EQUAL TO 35% of the permanent employees on the PCC payroll at the end of the most recent quarter?

Is the number of permanent employees terminated during the preceding four quarters LESS THAN OR EQUAL TO 40% of the permanent employees of the PCC payroll at the end of the most recent quarter?

Contributing Decision G:

Is the current PCC spending rate appropriate to the proposed PCC level of operation?

Performance Indicator:

Is PCC federal spending to date GREATER THAN $5000 in excess of prorated share of PCC annual budget to date?

Is PCC federal spending to date LESS THAN $5000 under the prorated share of the PCC annual budget to date?

KEY MANAGEMENT DECISION # 4: How can OCD assist PCC's in optimizing use of available resources?

Contributing Decision A:

Is the PCC overhead rate appropriate to the PCC's level of operations?

Performance Indicator:

Is the PCC overhead rate LESS THAN OR EQUAL TO the national average? (Overhead rate = Total Indirect Costs DIVIDED BY Total Direct Costs).

Contributing Decision B:

Is the PCC providing an appropriate number of services per day?

Performance Indicator:

Is the PCC providing a quantity of Child Care and Supervision services per day GREATER THAN OR EQUAL TO the national average?

Is the PCC providing a quantity of Parent Education and Training services per quarter GREATER THAN OR EQUAL TO the national average?

Is the PCC providing Health Services to a number of recipients per quarter GREATER THAN OR EQUAL TO the national average?

Is the PCC providing a quantity of Food Services per day GREATER THAN OR EQUAL TO the national average?

Contributing Decision C:

Is the PCC utilization of staff time in service delivery appropriate?

Performance Indicator:

Is the number of Child Care and Supervision services per Child Care staff member hour GREATER THAN OR EQUAL TO the national average?

KEY MANAGEMENT DECISION # 4: (cont).

- Is the number of Parent Education and Training services per Parent Education staff member hour GREATER THAN OR EQUAL TO the national average?
- Is the number of Health Services recipients per Health Service staff member hour GREATER THAN OR EQUAL TO the national average?
- Is the number of Food Services per Food Service staff member hour GREATER THAN OR EQUAL TO the national average?

Contributing Decision D:

Is the direct cost per service unit appropriate for the PCC.

Performance Indicator:

Cf. KEY MANAGEMENT DECISION # 1, Contributing Decision A.

KEY MANAGEMENT DECISION # 5: How can OCD's assist the PCC's in long range planning?

Contributing Decision A:

What would be the impact on current PCC service delivery if the number of focal children was raised from current levels to 100 focal children?

Performance Indicator:

Assuming the same staff hour allocation and frequency of service per participant, what services per appropriate staff member hour ratios would result?

Assuming the same ratio of "other children" to focal children, how many "other children" would result?

Assuming the same transportation cost per participant, what would be the increase in transportation costs?

Assuming the same rate of participant turnover, how many participants would be recruited per year to maintain an average of 100 focal children?

Assuming the same number of total services delivered, to what level would the frequency of service per participant drop?

Contributing Decision B:

What would be the impact on current PCC annual costs per focal child, per family and per participant if the number of focal children was raised to 100 and the number of families was raised to 70 from current levels?

Performance Indicator:

Assuming all current costs were fixed and that no incremental variable costs would be incurred by increasing PCC enrollment, what would be the annual PCC cost per focal child, per family and participant?

Assuming only Health, Food and Transportation Costs were variable, what would be the annual PCC cost with the enrollment increase, and what would be the annual PCC cost per focal participant, per family and per participant?

Assuming all PCC costs were fully variable, what would be the resultant cost per PCC on an annual basis?

KEY MANAGEMENT DECISION # 6: Is there justification for the continued PCC use of public funds?

Contributing Decision A:

Is the PCC program serving participants who could not purchase the services without public funds?

Performance Indicator:

Is the number of PCC families whose incomes are below the applicable Federal definition of poverty levels EQUAL TO OR GREATER THAN 90% of the total families served by the PCC program?

Contributing Decision B:

Is the PCC program serving minority group members?

Performance Indicator:

What is the total number of minority group families served by the PCC program?

What percentage of the total PCC families are these minority group families?

What is the average number of minority group families served by each PCC?

What is the total number of minority group participants served by the PCC program?

What percentage of the total PCC participants are these minority group participants?

What is the average number of minority group participants served by each PCC?

Contributing Decision C:

Is the PCC program serving an appropriate number of focal children?

Performance Indicator:

What is the total number of children less than three years old served by the PCC program?

What percentage of the total children served are these children less than three years old?

What is the average number of children less than three years old served by each PCC?

Contributing Decision D:

Is the PCC program cost appropriate for the number of participants?

Performance Indicator:

What is the annual cost of the PCC program per family enrolled?

What is the annual cost of the PCC program per focal participant enrolled?

What is the annual cost of the PCC program per participant?

SECTION III

III. INFORMATION REQUIREMENTS BY LOCAL PCC DATA FORMS

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: **Are key PCC services provided at low cost per unit of service?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	What is the direct cost of each key service category?	How many key services were delivered in each service category?	How many PCC participants received Health Services?
Weekly Staff Utilization Record:			
Child Care and Supervision:	X		
Parent Education and Training:	X		
Health Services:	X		
Food Services:	X		
Donated Service Voucher:			
Child Care and Supervision:	X		
Parent Education and Training:	X		
Health Services:	X		
Food Services:	X		
Allowable Hourly Rate:	X		
Employee Intake Record:			
Employee Advancement (hourly wage):	X		
Weekly Family Service Record:			
Infant Education--Group:		X	
Infant Education--Individual:		X	
Programs for Siblings:		X	
Parent-Child Interaction Sessions:		X	
Hot Meals:		X	
Snacks:		X	
Parent Education and Training:		X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: Are key PCC services provided at low cost per unit of service? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS What is the direct cost of each key service category?	 How many key services were delivered in each service category?	 How many PCC participants received Health Services?
Family Health Services Record:			
General Medical Exam:			X
Other General Medical Services:			X
Emergency Health Services:			X
Prenatal Health Services:			X
Family Planning Services:			X
Specialized Physical Health Services (e.g., vision, speech, hearing):			X
Specialized Physical Diagnosis/Evaluation/Treatment:			
Dental Exam:			X
Other Dental Services:			X
Provision of Medication:			X
Provision of Equipment (e.g., hearing aid, glasses, orthopedic shoes):			X
Laboratory Tests (e.g., blood, urine, pregnancy):			X
Special Laboratory Test (e.g., tuberculosis, cancer, sickle cell anemia):			X
Lead Poisoning Testing/ Treatment:			X
Mental Health Services:			X
Inoculations:			X
Cognitive Skills Exam:			X
Other (Specify):			X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION B: **Are key PCC services provided frequently enough to participants to achieve PCC objectives?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	How many services were provided in each key service category?	**How many PCC enrollees received health services?**	**How many PCC enrollees are eligible for key services?**
Weekly Family Service Record:			
Infant Education--Group:	X		
Infant Education--Individual:	X		
Parent-Child Interaction Sessions:	X		
Parent Education and Training Sessions:	X		
Hot Meals:	X		
Snacks:	X		
Family Health Services Record:			
General Medical Exam:		X	
Other General Medical Services:		X	
Emergency Health Services:		X	
Prenatal Health Services:		X	
Family Planning Services:		X	
Specialized Physical Health Services (e.g., Vision, Speech, Hearing):		X	
Specialized Physical Diagnosis/Evaluation/Treatment:		X	
Dental Exam:		X	
Other Dental Services:		X	
Provision of Medication:		X	
Provision of Equipment (e.g., Hearing Aid, Glasses, Orthopedic Shoes):		X	
Laboratory Tests (e.g., Blood, Urine, Pregnancy):		X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION B: **Are key PCC services provided frequently enough to participants to achieve PCC objectives? (continued)**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	How many services were provided in each key service category?	How many PCC enrollees received health services?	How many PCC enrollees are eligible for key services?
Family Health Services Record (continued):			
Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia):		X	
Lead Poisoning Testing/ Treatment:		X	
Mental Health Services:		X	
Inoculations:		X	
Cognitive Skills Exam:		X	
Other (specify):		X	
Family Enrollment Record:			
Number focal children:			X
Number focal mothers:			X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION C: **Is the PCC service base large enough to be appropriate for PCC levels of service delivery?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	What is the size of the PCC service base?
Family Enrollment Record:	
Individual Enrollment Status:	
Date of Enrollment:	X
Date of Termination:	X
Date of Reinstatement:	X
Date of Termination:	X
Family Enrollment Status:	
Date of Enrollment:	X
Date of Termination:	X
Date of Reinstatement:	X
Date of Termination:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION D: **Is the PCC allocation of funds to key service categories appropriate to to PCC service delivery objectives?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS What is the direct cost of each key service category?	 What is the total PCC cost for the quarter?
Weekly Staff Utilization Report:		
Child Supervision and Education:	X	
Parent Education and Training:	X	
Health Services:	X	
Food Services:	X	
Total Hours:		X
Donated Service Vouchers:		
Child Supervision and Education:	X	
Parent Education and Training:	X	
Health Services:	X	
Food Services:	X	
Total $ Value:		X
Employee Intake Record:		
Employee Advancement (hourly wage):	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION E: **Is the PCC allocation of staff time to key service categories appropriate to PCC objectives of service delivery?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the total number of staff hours allocated to key service categories?	What is the total number of staff hours reported during the quarter?
Weekly Staff Utilization Report:		
Child Supervision and Education:	X	
Parent Education and Training:	X	
Health Services:	X	
Food Services:	X	
Total Hours:		X
Donated Service Voucher:		
Child Supervision and Education:	X	
Parent Education and Training:	X	
Health Services:	X	
Food Services:	X	
Total Number of Hours:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agencs

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION A: **Is the non-Federal contribution appropriate to current levels of PCC Federal funding?***

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the dollar value of the PCC Non-Federal contribution?	What is the total amount of the PCC annual budget?
Donated Service Voucher:		
Allowable as Federal share:	X	
Total $ Value:	X	
OEO Guidelines:		
Basis for computing value to volunteered personal services:	X	
Annual PCC Line Item Budget:		
Total Budget Amount:		X
Donated Goods Voucher:		
Allowable as non-Federal Share:	X	
Estimated Total $ Value:	X	

*N.B. Some PCC's have been explicitly exempted from the 20% non-Federal share due to local community decisions. This information is found, where applicable, in the PCC Grant Conditions statement.

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION B: **Are the clients served by the PCC appropriate to the objectives of the PCC?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Are the income levels of the PCC families below Federal Poverty Guidelines?
Family Intake Record:	
Total Number of Members in Household:	**X**
Total Family Annual Income (for the past year):	**X**
Farm:	**X**
Non-Farm:	**X**

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION C: **Is the parent representation on the PCC Policy Council appropriate?**

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	How many PCC parents serve on the PCC Policy Council?	How many persons served as Policy Council members at at the end of the Quarter?
Total Number of Policy Council Members: Total Number of Parents Serving on the Policy Council:	N.B. This data is reported only on the Quarterly Report on Services to Participants I.	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION A: Are the PCC administrative costs appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Do administrative costs exceed 25% of total PCC Costs?
Weekly Staff Utilization Reports:	
Administration: Supervision of Personnel & Management:	X
Administration: Program Planning & Research:	X
Administration: Fund Raising:	X
Donated Service Voucher:	
Administration: Supervision of Personnel & Management:	X
Administration: Program Planning & Research:	X
Administration: Fund Raising:	X
OEO Guidelines:	
Basis for imputing value to volunteered personal services:	X
Employee Intake Record hourly wage:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION B: Are the PCC Direct Costs appropriate as a percentage of the total PCC costs?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the total PCC Direct Costs?	What are the total PCC costs for the reporting period?
Weekly Staff Utilization Reports:		
Child Supervision & Education:	X	
Parent Education & Training:	X	
Social & Economic Services to Family:	X	
Intake, Evaluation & Referral:	X	
Health Services:	X	
Food Services:	X	
Community Organization:	X	
Transportation:	X	
Research:	X	
Donated Services Voucher:		
Child Supervision & Education:	X	
Parent Education & Training:	X	
Social and Economic Services to Family:	X	
Intake, Evaluation & Referral:	X	
Health Services:	X	
Food Services:	X	

(cont'd.)

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION B: Are the PCC Direct Costs appropriate as a percentage of the total PCC costs? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS: What are the total PCC Direct Costs?	INFORMATION REQUIREMENTS: What are the total PCC costs for the reporting period?
Donated Service Voucher: (continued)		
Community Organization:	X	
Transportation:	X	
Research:	X	
Weekly Staff Utilization Report:		
Total number of hours worked:		X
Donated Service Voucher:		
Estimated total $ value:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION C: Are the number of families enrolled appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	What is the number of families enrolled in the PCC?	How many PCC families were proposed in the most recent proposal?	What is the annual PCC cost per family?
Family Enrollment Record:			
Date Family Enrolled:	X		X
Date Family Terminated:	X		X
Date Family Reinstated:	X		X
Date Family Terminated after Reinstatement:	X		X
Annual PCC Refunding Proposal:		X	
Weekly Staff Utilization Report:			
Total Number of Hours Worked per week:			X
Employee Intake Record:			
Employee Advancement:			X
(Hourly wage):			X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION D: Is the ethnic balance among PCC staff members appropriate to the ethnic balance among PCC families?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the number of dominant ethnic group staff members?	What is the number of dominant ethnic group PCC families?
Employee Intake Record: Ethnicity:	X	
Family Intake Record: Ethnicity of Parent or Guardian:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION E: Is the turnover among PCC participants appropriate to the needs of the community?

Input Element to Satisfy These. Information Requirements	INFORMATION REQUIREMENTS			
	Number of participants terminated during the current quarter	Number of participants terminated during the preceding two quarters	Number of participants terminated during preceding three quarters	Number of participants terminated during preceding four quarters
Family Enrollment Record: Date Family terminated:	X	X	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION F: Is the turnover among PCC staff members appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	Number of staff terminated during preceding quarters?	Number of staff terminated during preceding two quarters?	Number of staff terminated during preceding three quarters?	Number of staff terminated during preceding four quarters?
Employee Intake Record:				
Date of Termination:	X	X	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION G: Is the current PCC spending rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are total PCC expenditures for the year to date?	What is the total budget amount for the year?
Weekly Staff Utilization Report: Total Hours Worked:	X	
Annual PCC proposal:		X

LEVEL OF DECISION: National PCC Program Office
PCCs and Supporting Agents

KEY MANAGEMENT DECISION #4 How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION A: Is the PCC overhead rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the PCC Indirect Costs?	What are the PCC Direct Costs?
Weekly Staff Utilization Report:		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning & Research:	X	
Administration: Fund Raising:	X	
Child Supervision & Education		X
Parent Education & Training:		X
Social and Economic Services to Family:		X
Intake, Evaluation and referral		X
Health Services:		X
Food Services:		X
Community Organization:		X
Transportation:		X
Pure Research:		X
Occupancy:	X	
Staff Development & Training:	X	
Employee Intake Record:		
Employee Advancement (hourly wage):	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION A: Is the PCC Overhead Rate appropriate? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the PCC Indirect Costs?	What are the PCC Direct Costs?
Donated Service Voucher: (continued)		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning and Research:	X	
Administration: Fund Raising:	X	
Child Supervision & Education:		X
Parent Education & Training:		X
Social and Economic Services to Family:		X
Intake, Evaluation and Referral:		X
Health Services:		X
Food Services:		X
Community Organization:		X
Transportation:		X
Pure Research:		X
Occupancy:	X	
Staff Development & Training:	X	
Allowable Hourly Rate:	X	X
Total $ Value:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION B: Is the PCC providing an appropriate number of services

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Care & Superv. services were provided?	How many Parent Education & Training services provided?	How many participants received Health Services during the reporting period?	How many Food Service were provided during the reporting period?
Weekly Family Service Record:				
Infant Education (Group Setting):	X			
Infant Education (Individual):	X			
Programs for Siblings:	X			
Parent Child Interaction Sessions:	X	X		
Parent Education & Training:		X		
Hot Meals:				X
Snacks:				X
Family Health Services Record for Quarter:				
General Medical Exam:			X	
Other General Medical Services:			X	
Emergency Health Services:			X	
Prenatal Health Services:			X	
Family Planning Services:			X	
Specialized Physical Health Services:			X	
Specialized Physical Diagnosis/Evaluation/Treatment			X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION B: Is the PCC providing an appropriate number of services?

(continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Care & Superv. services were provided?	How many Parent Education & Training services provided?	How many participants received Health Services during the reporting period?	How many Food Services were provided during the reporting period?
ily Health Services Re- rd for Quarter (cont'd):				
ntal Exam:			X	
her Dental Services:			X	
ovision of Medication:			X	
ovision of Equipment:			X	
boratory Tests:			X	
ecial Laboratory Test:			X	
ad Poisoning Testing/Treatment:			X	
ntal Health Services:			X	
noculations:			X	
gnitive Skills Exam:			X	
her (Specify):			X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?

(continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Supervision services provided?	How many staff hours spent on Child Supervision services?	How many Parent Education services provided during quarter?	How many staff hours spent on Parent Education services?
eekly Family Service Record:				
nfant Education (Group Setting):	X			
nfant Education (Individual):	X			
rograms for Siblings:	X			
arent Child Interaction Sessions:	X		X	
eekly Staff Utilization Report:				
hild Supervision & Education:		X		
onated Service Voucher:				
Child Supervision & Education		X		
eekly Family Service Record				
arent Education & Training:			X	
eekly Staff Utilization Report:				
arent Education & Training:				X
onated Services Voucher:				
arent Education & Training				X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION A: Is the PCC program serving participants who could not purchase the service without public funds?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the number of PCC families below the poverty level?	What is the total number of PCC families?
Family Intake Record:		
Family Size and Income: Total Family Income (for past year):	X	
Family Enrollment Record:		
Date Family Enrolled:	X	X
Date Family Terminated:	X	X
Date Family Reinstated:	X	X
Date Family Terminated (after reinstatement):	X	X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION B: Is the PCC program serving minority group members?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the total number of minority PCC families?	What is the total number of families enrolled in the PCC?	What is the total number of participants enrolled in the PCC?	What is the total number of participants enrolled in the PCC?
Family Intake Record:				
Ethnicity of Parent of Guardian:	X		X	
Family Enrollment Record:				
Family Enrollment Status:				
Date Family Enrolled:	X	X	X	X
Date Family Terminated:	X	X	X	X
Date Family Reinstated:	X	X	X	X
Date Family Terminated: (after reinstatement):	X	X	X	X
Individual Enrollment Status:				
Date of Enrollment:			X	X
No Longer Focal Participant:			X	X
Date of Termination from program:			X	X
Date of Reinstatement:			X	X
Date of termination: (after reinstatement):			X	X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION C: Is the PCC serving an appropriate number of focal children?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	How many focal children are enrolled in the PCC?
Family Intake Record: Number of focal children:	X

LEVEL OF DECISION: Nationa~~l~~ PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION D: Is the PCC program cost appropriate for the number of participants?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the annual cost of PCC?	How many families are enrolled in the PCC?	How many focal participants enrolled in the PCC?	How many participants are enrolled in the PCC?
Line Item Budget:				
Total Expenditures:	X			
Family Enrollment Record:				
Family Enrollment Status:				
Date Family Enrolled:		X		
Date Family Terminated:		X		
Date Family Reinstated:		X		
Date Family Terminated (after reinstatement):		X		
Individual Enrollment Status:				
Date of Enrollment:			X	X
No Longer Focal Participant:			X	
Date of Termination:			X	X
Date of Reinstatement:			X	X
Date of Termination (after reinstatement):			X	X

SECTION IV

IV. INFORMATION REQUIREMENTS BY QUARTERLY PCC REPORTS

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How To Distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: Are key PCC Services provided at low cost per unit of service?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the cost per unit of Child Care and Supervision Services?	What is the cost per unit of Parent Education & Training Services?	What is the cost per unit of Food Services?	What is the cost per recipient of Health Services?
Quarterly Report on Services to Participants II:				
Infant Education: Group Setting:	X			
Infant Education: Individual:	X			
Programs for Siblings	X			
Parent Child Interaction Sessions	X	X		
Parent Education & Training:		X		
Hot Meals:			X	
Snacks:			X	
Quarterly Report on Services to Participants III:				
General Medical Exam:				X
Other General Medical Services:				X
Emergency Health Services:				X
Prenatal Health Services:				X
Family Planning Services:				X
Specialized Physical Health Services:				X
Specialized Physical Diagnosis/Evaluation/Traing				X

(continued)

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How To Distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: Are key PCC Services provided at low cost per unit of service? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the cost per unit of Child Care and Supervision Services?	What is the cost per unit of Parent Education & Training Services?	What is the cost per unit of Food Services?	What is the cost per recipient of Health Services?
Quarterly Report on Services to Participants III: (continued)				
Dental Exam:				X
Other Dental Services:				X
Provision of Medication:				X
Provision of Equipment:				X
Laboratory Tests:				X
Special Laboratory Test:				X
Lead Poisoning Testing:				X
Mental Health Services:				X
Innoculation:				X
Cognitive Skills Exam:				X
Other (specify)				X
Quarterly Staff Utilization Report:				
Child Supervision & Education	X			
Parent Education & Training:		X		
Food Services			X	
Health Services				X
Quarterly Report on Donated Services				
Child Supervision & Education	X			
Parent Education & Training		X		
Food Services:			X	
Health Services: (continued)				X

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How To Distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: Are key PCC Services provided at low cost per unit of service? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the cost per unit of Child Care and Supervision Services?	What is the cost per unit of Parent Education & Training Services?	What is the cost per unit of Food Services?	What is the cost per recipient of Health Services?
Quarterly Staff Utilization Report: $ Value of Salaries and Wages Accrued Quarterly:	X	X	X	X
Quarterly Report on Donated Services: $ Value of Salaries and Wages Accrued Quarterly:	X	X	X	X

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How To Distribute the program budget among the PCC's?

CONTRIBUTING DECISION B: Are Key PCC services provided frequently enough to participants?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How frequently are Child Care Services provided/child/wk?	How frequently are Parent Education provided/family/qtr	How frequently are Food Services provided/family/wk?	How many recipients per family per quarter receive Health Services?
Quarterly Report on Services to Participants II:				
Infant Education: Group Setting:	X			
Infant Education: Individual:	X			
Programs for Siblings	X			
Parent Child Interaction Sessions	X	X		
Parent Education & Training:		X		
Hot Meals:			X	
Snacks:			X	
Quarterly Report on Services to Participants III:				
General Medical Exam:				X
Other General Medical Services:				X
Emergency Health Services:				X
Prenatal Health Services:				X
Family Planning Services:				X
Specialized Physical Health Services:				X
Specialized Physical Diagnosis/Evaluation/ Traing (continued)				X

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How To Distribute the program budget among the PCC's?

CONTRIBUTING DECISION B: Are Key PCC services provided frequently enough to participants? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How frequently are Child Care Services provided/child/week?	How frequently are Parent Ed. Services provided/family/qtr	How frequently are Food Services provided/family/wk?	How many recipients per family per quarter receive Health Services?
Quarterly Report on Services to Participants III:				
Dental Exam:				X
Other Dental Services:				X
Provision of Medication:				X
Provision of Equipment:				X
Laboratory Tests:				X
Special Laboratory Test:				X
Lead Poisoning Testing:				X
Mental Health Services:				X
Innoculation:				X
Cognitive Skills Exam:				X
Other (specify)				X
Quarterly Report on Participant Characteristics:				
Number of Families Enrolled at End of Quarter:		X	X	X
Participating Children Aged 0-3:	X			

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How to Distribute the program budget among the PCC's?

CONTRIBUTING DECISION C: Is the PCC service base large enough?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	How many focal children are enrolled in the PCC	How many focal mothers are enrolled in the PCC	How many families are enrolled in the PCC?
Quarterly Report on Services to Participants I: Number focal mothers: Number focal children: Number families enrolled:	X	X	X

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION #1: How to distribute the program budget among the PCC's?

CONTRIBUTING DECISION D: Is the PCC allocation of funds to key service categories appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the % of total expenditures allocated to Child Care Services?	What is the % of total expenditures allocated to Parent Education Services?	What is the % of total expenditures allocated to Food Services?	What is the % of total expenditures allocated to Health Services?
Quarterly Staff Utilization Report:				
Child Supervision and Education:	X			
Parent Education and Training:		X		
Food Services:			X	
Health Services:				X
$ Value of Wages and Salaries Accrued Quarterly:	X	X	X	X
Quarterly Report on Donated Services:				
Child Supervision and Education:	X			
Parent Education and Training:		X		
Food Services:			X	
Health Services:				X
Estimated $ Value of Services Provided Quarterly:	X	X	X	X

LEVEL OF DECISION: National PCC Program Office

KEY MANAGEMENT DECISION # 1: How to distribute the program budget among the PCC's?

CONTRIBUTING DECISION E: Is the PCC allocation of staff time to key service categories appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the % of total staff time allocated to Child Care Services	What is the % of total staff time allocated to Parent Education Services	What is the % of total staff time allocated to Food Services	What is the % of total staff time allocated to Health Services
Quarterly Staff Utilization Report:				
Child Supervision & Education:	X			
Parent Education & Training:		X		
Food Services:			X	
Health Services:				X
Quarterly Report on Donated Services:				
Child Supervision & Education:	X			
Parent Education & Training:		X		
Food Services:			X	
Health Services:				X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION # 2: How to monitor PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION A: Is the non-Federal contribution appropriate to current Federal funding levels?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	What is the amount of non-Federal contribution?
Quarterly Report on Donated Services: Estimated $ Value of Services Provided Quarterly:	X
Grantee Quarterly Financial Report: Total Non-Federal Expenditures this Quarter:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION # 2: How to monitor PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION B: Are the clients served by PCC's appropriate to PCC objectives?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	How many families enrolled at the end of the quarter have incomes below the poverty level?	How many families were enrolled at the end of the quarter?
Quarterly Report on Participant Characteristics:		
Number families with income below poverty level:	X	
Number families enrolled at end of quarter:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION # 2: How to monitor compliance with program guidelines and regulations?

CONTRIBUTING DECISION C: Is the parent representation on the Policy Council appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	How many parents are members of the PCC Policy Council?	How many persons are members of the PCC Policy Council?
Quarterly Report on Services to Participants I: Total Number of Parents serving on Policy Council at end of quarter:	X	
Total Number of Policy Council Members at end of Quarter:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION A: Are the PCC Administrative Costs appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the PCC Administrative Costs?	What are the total PCC Costs?
Grantee Quarterly Financial Report:		
Total Expenditures this quarter:		X
Quarterly Staff Utilization Reports:		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning & Research:	X	
Administration: Fund Raising:	X	
Quarterly Report on Donated Services		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning & Research:	X	
Administration: Fund Raising:	X	
OEO Guidelines:		
Basis for imputing value to volunteered personal services:	X	
Employee Intake Record		
Hourly wage:	X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION B: Are the PCC Direct Costs appropriate as a percentage of the total PCC costs?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the total PCC Direct Costs?	What are the total PCC costs for the reporting period?
Quarterly Staff Utilization Reports:		
Child Supervision & Education:	X	
Parent Education & Training:	X	
Social & Economic Services to Family:	X	
Intake, Evaluation & Referral:	X	
Health Services:	X	
Food Services:	X	
Community Organization:	X	
Transportation:	X	
Research:	X	
Quarterly Report on Donated Services:		
Child Supervision & Education:	X	
Parent Education & Training:	X	
Social and Economic Services to Family:	X	
Intake, Evaluation & Referral:	X	
Health Services:	X	
Food Services:	X	

(cont'd.)

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION B: Are the PCC Direct Costs appropriate as a percentage of the total PCC costs? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the total PCC Direct Costs?	What are the total PCC costs for the reporting period?
Quarterly Report on Donated Services: (continued)		
Community Organization:	X	
Transportation:	X	
Research:	X	
Grantee Quarterly Financial Reports:		
Total Expenditures This Quarter:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION C: Are the number of families enrolled appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	What is the number of families enrolled in the PCC?	How many PCC families were proposed in the most recent proposal?	What is the annual PCC cost per family?
Annual PCC Refunding Proposal:		X	
Quarterly Report on Services to Participants I: Number of Families Enrolled During the Quarter:	X		X
Grantee Quarterly Financial Report: Total Expenditures This quarter:			X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION D: Is the ethnic balance among PCC staff members appropriate to the ethnic balance among PCC families?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the number of dominant ethnic group staff members?	What is the number of dominant ethnic group PCC families?
Quarterly Report on Participant Characteristics:		X
Participants by Ethnicity (Number of Families)		
Number of Families Enrolled at end of Quarter:		X
Quarterly Report on Staff Characteristics:		
Employees by Ethnicity:	X	
Number of Families on Payroll:	X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION E: Is the turnover among PCC families appropriate to the needs of the community?

Input Element to Satisfy These. Information Requirements	INFORMATION REQUIREMENTS	
	Number of families terminated during the current quarter?	Number of families enrolled during quarter?
Quarterly Report on Participant Characteristics:		
Families enrolled at end of quarter:		X
Families terminated during quarter:	X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION F: Is the turnover among PCC staff members appropriate?

Input Element to Satisfy These. Information Requirements	INFORMATION REQUIREMENTS	
	Number of staff terminated during current quarter?	Number of staff on Payroll at end of quarter?
Quarterly Report on Staff Characteristics:		
Employees terminated during quarter:	X	
Employees on Payroll:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION G: Is the current PCC spending rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are total PCC expenditures for the year to date?	What is the total budget amount for the year?
Grantee Quarterly Financial Report:		
Total Expenditures to Date:	X	
Total Budget:		X

LEVEL OF DECISION: National PCC Program Office
PCCs and Supporting Agents.

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION A: Is the PCC overhead rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the PCC Indirect Costs?	What are the PCC Direct Costs?
Quarterly Staff Utilization Report:		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning & Research:	X	
Administration: Fund Raising:	X	
Child Supervision & Education:		X
Parent Education & Training:		X
Social and Economic Services to Family:		X
Intake, Evaluation and referral		X
Health Services:		X
Food Services:		X
Community Organization:		X
Transportation:		X
Pure Research:		X
Occupancy:	X	
Staff Development & Training:	X	
$ Value of Wages & Salaries accrued during quarter:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION A: Is the PCC Overhead Rate appropriate? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the PCC Indirect Costs?	What are the PCC Direct Costs?
Quarterly Report on Donated Services:		
Administration: Supervision of Personnel & Management:	X	
Administration: Program Planning and Research:	X	
Administration: Fund Raising:	X	
Child Supervision & Education:		X
Parent Education & Training:		X
Social and Economic Services to Family:		X
Intake, Evaluation and Referral:		X
Health Services:		X
Food Services:		X
Community Organization:		X
Transportation:		X
Pure Research:		X
Occupancy:	X	
Staff Development & Training:	X	
Estimated $ Value of Services provided Quarterly:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION B: Is the PCC providing an appropriate number of services

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Care & Superv. services were provided?	How many Parent Education & Training services provided?	How many participants received Health Services during the reporting period?	How many Food Servic were provided during the reporting period
Quarterly Report on Services to Participants II:				
Infant Education (Group Setting):	X			
Infant Education (Individual):	X			
Programs for Siblings:	X			
Parent Child Interaction Sessions:	X	X		
Parent Education & Training:		X		
Hot Meals:				X
Snacks:				X
Quarterly Report on Services to Participants III:				
General Medical Exam:			X	
Other General Medical Services:			X	
Emergency Health Services:			X	
Prenatal Health Services:			X	
Family Planning Services:			X	
Specialized Physical Health Services:			X	
Specialized Physical Diagnosis/Evaluation/Treatment			X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION B: Is the PCC providing an appropriate number of services? (continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Care & Superv. services were provided?	How many Parent Education & Training services provided?	How many participants received Health Services during the reporting period?	How many Food Services were provided during the reporting period?
Quarterly Report on Services to Participants III: (cont.d)				
Dental Exam:			X	
Other Dental Services:			X	
Provision of Medication:			X	
Provision of Equipment:			X	
Laboratory Tests:			X	
Special Laboratory Test:			X	
Lead Poisoning Testing/Treatment:			X	
Mental Health Services:			X	
Innoculations:			X	
Cognitive Skills Exam:			X	
Other (Specify):			X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Supervision services provided?	How many staff hours spent on Child Supervision services	How many Parent Education services provided during reporting period?	How many Staff hours spent on Parent Education services?
Quarterly Report on Services to Participants II:				
Infant Education (Group Setting):	X			
Infant Education (Individual):	X			
Programs for Siblings:	X			
Parent Child Interaction Sessions:	X		X	
Quarterly Staff Utilization Report:				
Child Supervision & Education:		X		
Quarterly Report on Donated Services:				
Child Supervision & Education:		X		
Quarterly Report on Services to Participants II:				
Parent Education & Training:			X	
Quarterly Staff Utilization Report:				
Parent Education & Training:				X
Quarterly Report on Donated Services:				
Parent Education & Training				X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?

(continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many participants received Health Services during period?	How many staff hours spent on Health Services during period?	How many Food Service units provided during reporting period?	How many staff hours spent on Food Services during period?
Quarterly Report on Services to Participants III:				
General Medical Exam:	X			
Other General Medical Services:	X			
Emergency Health Services:	X			
Prenatal Health Services:	X			
Family Planning Services:	X			
Specialized Physical Health Services:	X			
Specialized Physical Diagnosis/Evaluation/ Treatment:	X			
Dental Exam:	X			
Other Dental Services:	X			
Provision of Medication:	X			
Laboratory Tests:	X			
Special Laboratory Tests:	X			
Lead Poisoning Testing/ Treatment:	X			
Mental Health Services:	X			
Innoculations:	X			
Cognitive Skills Exam:	X			
Other (Specify):	X			

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?

(continued)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many participants received Health Services during period?	How many staff hours spent on Health Services during period?	How many Food Service units provided during reporting period?	How many staff hour spent on Food Services during period?
Quarterly Staff Utilization Report:				
Health Services:		X		
Food Services:				X
Quarterly Report on Donated Services:				
Health Services:		X		X
Food Services:				X
Quarterly Report on Services to Participants II:				
Hot Meals:			X	
Snacks:			X	

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION A: Is the PCC program serving participants who could not purchase the services without public funds?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the number of PCC families below the poverty level?	What is the total number of PCC families?
Quarterly Report on Participant Characteristics: Families Enrolled at the end of the quarter (Income Below Poverty Level):	X	
Families Enrolled at End of Quarter:		X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION B: Is the PCC program serving minority group members?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the total number of minority PCC families?	What is the total number of families enrolled in the PCC?	What is the total number of minority participants enrolled in the PCC?	What is the total number of participants enrolled in the PCC?
Quarterly Report on Participant Characteristics:				
Participants by Ethnicity (No. of Families):	X			
(No. of Participants):			X	
Families Enrolled at End of Quarter:		X		
Total No. of Participants:				X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION C: Is the PCC serving an appropriate number of focal children?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	How many focal children are enrolled in the PCC?
Quarterly Report on Participant Characteristics: Participating Children Aged 0-3:	X

SECTION V

V. INFORMATION REQUIREMENTS BY MIS QUARTERLY MANAGEMENT REPORTS

2

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION A: Are key PCC services provided at low cost per unit of service?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the direct cost per unit of service delivered?	What is the direct cost with overhead per unit of service?
Report #4:		
Child Care and Supervision:	X	X
Parent Education and Training:	X	X
Health Services:	X	X
Food Services:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION B: Are key PCC services provided frequently enough to participants to achieve PCC objectives?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	How frequently are services offered per eligible participant?	What is the National average frequency of service delivery per eligible participant?
Report #3:		
Infant Education--Group:	X	X
Infant Education--Individual:	X	X
Parent-Child Interaction Sessions:	X	X
Parent Education and Training Sessions:	X	X
Health Services:	X	X
Hot Meals:	X	X
Snacks:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION C: Is the PCC service base large enough to be appropriate for PCC levels of service delivery?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the size of the PCC service base?	What is the National Average size of the PCC Service Base?
Report #5:		
Number of Focal Children:	X	X
Number of Families:	X	X
Number of Other Children:	X	X
Number of Participants:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION D: Is the PCC allocation of funds to key service categories appropriate to PCC objectives of service delivery?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the percentage of total PCC costs spent on individual service categories?	What is the National average percentage of total PCC costs spent on individual service categories?
Report #6:		
Child Supervision and Education:	X	X
Parent Education and Training:	X	X
Health Services:	X	X
Food Services:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #1: How should OCD distribute the program budget among the PCC's?

CONTRIBUTING DECISION E: Is the PCC allocation of staff time to key service categories appropriate to PCC objectives of service delivery?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What is the percentage of total staff hours allocated to individual service categories?	What is the National Average percentage of total staff time allocated to individual service categories?
Report #10:		
Child Supervision and Education:	X	X
Parent Education and Training:	X	X
Health Services:	X	X
Food Services:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION A: Is the non-Federal contribution appropriate to current levels of PCC Federal funding?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Is the non-Federal PCC contribution appropriate?
Report #2: Non-Federal share:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION B: Are the clients served by the PCC appropriate to the objectives of the PCC?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Are the income levels of the PCC families appropriate?
Report #2: Families above Poverty:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #2: How can OCD monitor and remedy PCC compliance with program guidelines and regulations?

CONTRIBUTING DECISION C: Is the present representation on the PCC Policy Council appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	Is the parent representation on the PCC Policy Council greater than 50%?	Is the parent representation on the Policy Council less than 75%?
Report #2: Parents on Policy Council:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION A: Are the PCC administrative costs appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Do administrative costs exceed 25% of total PCC costs?
Report #2: Administrative Costs: Quarterly/Year:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION B: Are the PCC Direct Costs appropriate as a percentage of the total PCC costs?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What are the total PCC Direct Costs?	What are the total PCC costs for the quarter?	What are the National Average total PCC Direct Costs?	What are the National Average total PCC costs for the quarter?
Report #7: Total Direct Costs-- Local:	X		X	
Report #6: Total Expenditures for Quarter:		X		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION C: Are the number of families enrolled appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	What is the number of families enrolled in the PCC?	How many PCC families were proposed in the most recent proposal?	What is the annual PCC cost per family?
Report #5:			
Number of families:	X		
PCC Cost per Family per Year:			
Direct Cost:			X
Direct Cost with Overhead:			X
Non-Federal Cost:			X
Annual PCC Refunding Proposal:		X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION D: Is the ethnic balance among PCC staff members appropriate to the ethnic balance among PCC families?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Does the PCC have staff/participant ethnic imbalance?
Report #2: Staff/Participant Ethnic Imbalance:	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION E: Is the turnover among PCC participants appropriate to the needs of the community?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	Is the PCC participant turnover within acceptable limits for the quarter?	Is the PCC participant turnover within acceptable limits for the year?
Report #2: Participant Turnover:		
Quarterly:	X	
Year:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION F: Is the turnover among PCC staff members appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	Is the PCC staff turnover within acceptable limits for the quarter?	Is the PCC staff turnover within acceptable limits for the year?
Staff Turnover:		
Quarterly:	X	
Year:		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #3: How to monitor and remedy potential PCC operating problems

CONTRIBUTING DECISION G: Is the current PCC spending rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	Is PCC spending for the year $5000 or more under its prorated budget amount?	Is PCC spending for the year $5000 or more over its prorated budget amount?
Report #2: Spending Rate:	X	X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION A: Is the PCC overhead rate appropriate?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS	
	What are the total PCC Indirect Costs for the quarter?	What are the total PCC Direct Costs for the quarter?
Report #8: Total Indirect Costs--Local	X	
Report #7: Total Direct Costs--Local		X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION B: Is the PCC providing an appropriate number of services

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Care & Superv. services were provided?	How many Parent Education & Training services provided?	How many participants received Health Services during the reporting period?	How many Food Servi were provided durir the reporting peric
Report #3:				
Infant Education (Group Setting):	X			
Infant Education (Individual):	X			
Programs for Siblings:	X			
Parent Child Interaction Sessions:	X	X		
Parent Education & Training:		X		
Hot Meals:				X
Snacks:				X
Total Number of Participants receiving Health Services:			X	

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?
(page one)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many Child Supervision services provided?	How many staff hours spent on Child Supervision services?	How many Parent Education services provided during quarter?	How many staff hours spent on Parent Education services?
Report #3:				
Infant Education (Group Setting):	X			
Infant Education: (Individual):	X			
Programs for Siblings:	X			
Parent Child Interaction Sessions:	X		X	
Report #10:				
Child Supervision and Education (total hours):		X		
Report #3:				
Parent Education and Training:			X	
Report #10:				
Parent Education and Training:				X

LEVEL OF DECISION: National PCC Program Office
PCC's and Supporting Agents

KEY MANAGEMENT DECISION #4: How to assist PCC's in optimizing use of available resources?

CONTRIBUTING DECISION C: Is the PCC utilization of staff time in service delivery appropriate?
(page two)

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	How many participants received Health Services during quarter?	How many staff hours spent on Health Services during quarter?	How many Food Service units provided during quarter?	How many staff hours spent on Food Services during quarter?
Report #10:				
Health Services:		X		
Food Services:				X
Report #3:				
Hot Meals:			X	
Snacks:			X	
Total Number of Participants receiving Health Services:	X			

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION A: Is the PCC program serving participants who could not purchase the service without public funds?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	Are 90% of PCC Families below the Poverty Income Level?
Report #2: Families above poverty:	X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION B: Is the PCC program serving minority group members?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS			
	What is the total number of minority PCC families?	What is the total number of families enrolled in the PCC?	What is the total number of minority participants enrolled in the PCC?	What is the total number of participants enrolled in the PCC?
Summary of Management Statistics for PCC Program:				
Part C: Participant Characteristics:				
Families: end of Quarter Total:		X		
Mexican-American:	X			
Puerto Rican:	X			
Black:	X			
American Indian:	X			
Polynesian:	X			
Oriental:	X			
Other:	X			
Participants: End of Quarter Total:				X
Mexican-American:			X	
Puerto Rican:			X	
Black:			X	
American Indian:			X	
Polynesian:			X	
Oriental:			X	
Other:			X	

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION C: Is the PCC serving an appropriate number of focal children?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS
	How many focal children are enrolled in the PCC's?
Summary of Management Statistics for PCC Programs: Part E: Program Services:	
Number of Focal Children Enrolled in Centers:	X
Number of Focal Children Enrolled in Outreach Homes:	X

LEVEL OF DECISION: National PCC Program Office
Federal Policy Makers and Program Planners

KEY MANAGEMENT DECISION #6: Is there justification for the continued PCC use of public funds?

CONTRIBUTING DECISION D: Is the PCC program cost appropriate for the number of participants?

Input Element to Satisfy These Information Requirements	INFORMATION REQUIREMENTS		
	What is the Program Cost per participant?	What is the Program Cost per family?	What is the Program Cost per focal participant?
Summary of Management Statistics for PCC Program:			
Part A: Unit Costs:			
Overall Total Cost per participant:	X		
Overall Total Cost per family:		X	
Overall Total Cost per focal participant:			X

SECTION VI

VI. DATA ELEMENT BY LOCAL PCC RECORDS

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
PCC NAME	X	X	X	X	X	X	X	X
PCC LOCATION	X	X	X	X	X	X	X	X
Date Form Completed	X	X	X				X	
Name of Head of Household (also labled "name of Participant Family in Enrollment Record")	X	X		X	X			
Social Security Number	X							
Sex	X							
Address	X	X						
Phone	X	X						
Name of Focal Participant(s)	X	X						
Who is the Eligible Recipient for PCC Services?	X							
o A pregnant woman and only one focal child	X							
o A pregnant woman and more than one focal child	X							
o Pregnant woman	X							
o One focal child	X							
o Two focal children	X							
o Three or more focal children	X							
What is the Relationship Between the Focal Child and the Head of the Household?	X							
o Natural Parent	X							
o Foster Parent	X							
o Adoptive Parent	X							
o Legal Guardian	X							
o Grandparent or other relative (if not legal guardian)	X							
o Other (specify)	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Name of Parent or Guardian	X							
o In Household	X							
o Temporarily Out of Household	X							
o Permanently Out of Household	X							
Date of Birth	X							
Highest Grade of School Completed by Parent or Guardian	X							
o No School	X							
o 1-6 Years	X							
o 7-8 Years	X							
o 9-11 Years	X							
o High School Graduate	X							
o Some college, business, or vocational education beyond High School	X							
o College Graduate	X							
o Advanced Degree(s)	X							
Ethnicity of Parent or Guardian	X							
o Mexican-American	X							
o Puerto Rican	X							
o Other Caucasian	X							
o Black	X							
o American Indian	X							
o Native Alaskan	X							
o Polynesian	X							
o Oriental	X							
o Other (specify)	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Name of Spouse	X							
o In Household	X							
o Temporarily Out of Household	X							
o Permanently Out of Household	X							
Date of Birth	X							
Highest Grade of School Completed by Parent or Guardian	X							
o No School	X							
o 1-6 Years	X							
o 7-8 Years	X							
o 9-11 Years	X							
o High School Graduate	X							
o Some college, business, or vocational education beyond High School	X							
o College Graduate	X							
o Advanced Degree(s)	X							
Ethnicity of Parent or Guardian	X							
o Mexican-American	X							
o Puerto Rican	X							
o Other Caucasian	X							
o Black	X							
o American Indian	X							
o Native Alaskan	X							
o Polynesian	X							
o Oriental	X							
o Other (specify)	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
The Following Questions Are About the House the Child Is Living in Now:	X							
Housing Status	X							
o Public Housing	X							
o Renting, not Public Housing	X							
o Own a Home	X							
o Buying a Home	X							
o Sharing a Housing Unit	X							
o Temporary Housing	X							
o Other (specify)	X							
How Far Away from the PCC is the Participant Living?	X							
o Less than 1.0 mile	X							
o 1.0 through 3.0 miles	X							
o 3.1 through 6.0 miles	X							
o 6.1 through 9.0 miles	X							
o 9.1 through 12.0 miles	X							
o 12.1 through 15.0 miles	X							
o More than 15 miles	X							
How Many Rooms Are There in the House or Apartment?	X							
What Is the Total Number of Rooms Used for Sleeping?	X							
Language Most Often Spoken in the Home	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Total Number of Members in the Household	X							
Total Family Annual Income (for past year) $	X							
Primary Source (Largest Source) of Family Income over the Past Year	X							
o Farm	X							
o Non-Farm	X							
Primary Source (Largest Source) of Family Income over the Past Year	X							
o Employment	X							
o Unemployment Compensation	X							
o AFDC	X							
o Public Assistance	X							
o Social Security	X							
o Workman's Compensation	X							
o Veteran's Pension	X							
o Military Salary	X							
o Alimony or Child Support	X							
o Other (specify)	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Is the Family Currently Participating in Other Federally-Sponsored Programs?								
o Summer Head Start	X							
o Full Year Head Start	X							
o Other Pre-School Program	X							
o Neighborhood Youth Corps (NYC)	X							
o Job Corps	X							
o Upward Bound	X							
o Public Housing Projects	X							
o Medicaid	X							
o Welfare (AFDC)	X							
o Food Stamps	X							
o Federal Surplus Commodities	X							
o Work Incentives Program (WIN)	X							
o Concentrated Employment Program (CEP)	X							
o Followthrough	X							
o High School Equiv. Program (HEP)	X							
o Other (specify)	X							
Children								
Name of Child No. 1	X							
Date of Birth	X							
Sex	X							
Focal Child	X	X						
Handicaps (Specify)	X							
Name of Child No. 2	X							
Date of Birth	X							
Sex	X							
Focal Child	X	X						
Handicaps (Specify)	X							

DATA ELEMENTS		DOCUMENTS							
		Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Children									
Name of Child No. 3		X							
Date of Birth		X							
Sex		X	X						
Focal Child		X							
Handicaps (Specify)		X							
Name of Child No. 4		X							
Date of Birth		X							
Sex		X	X						
Focal Child		X							
Handicaps (Specify)		X							
Name of Child No. 5		X							
Date of Birth		X							
Sex		X	X						
Focal Child		X							
Handicaps (Specify)		X							
Name of Child No. 6		X							
Date of Birth		X							
Sex		X	X						
Focal Child		X							
Handicaps (Specify)		X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Children	X							
Name of Child No. 7	X							
Date of Birth	X							
Sex	X							
Focal Child	X	X						
Handicaps (Specify)	X							
Name of Child No. 8	X							
Date of Birth	X							
Sex	X							
Focal Child	X	X						
Handicaps (Specify)	X							

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Name Changes (if applicable)		X						
Date [of Name Change]		X						
Address Change		X						
Date [of Address Change]		X						
Phone # Change		X						
Contact in Case of Emergency		X						
Name		X						
Address		X						
Relationship to Focal Participants		X						
Home Phone		X						
Business Phone		X						

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Screening Tests		X						
Name of Participant		X						
Type		X						
Date Completed		X						
Family Enrollment Status		X						
Date Family Enrolled		X						
Date Family Terminated		X						
Date Family Reinstated		X						
Date Family Terminated (After Reinstatement)		X						
Total Length of Time Family Participated in PCC Program		X						
Individual Enrollment Status		X						

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Focal Participant Number 1		X						
Name		X						
o Focal Mother		X						
o Focal Child	X	X						
Date of Birth	X	X						
Date of Application		X						
Date of Enrollment		X						
No Longer Focal Participant (Month/Day/Year)		X						
Date of Termination from Program		X						
Reason for Termination		X						
Date of Reinstatement		X						
Date of Termination (After Reinstatement)		X						
Reason for Termination		X						

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Focal Participant Number 2		X						
Name		X						
o Focal Mother		X						
o Focal Child	X	X						
Date of Birth	X	X						
Date of Application		X						
Date of Enrollment		X						
No Longer Focal Participant (Month/Day/Year)		X						
Date of Termination from Program		X						
Reason for Termination		X						
Date of Reinstatement		X						
Date of Termination (After Reinstatement)		X						
Reason for Termination		X						

DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Focal Participant Number 3		X						
Name		X						
o Focal Mother		X						
o Focal Child	X	X						
Date of Birth	X	X						
Date of Application		X						
Date of Enrollment		X						
No Longer Focal Participant (Month/Day/Year)		X						
Date of Termination from Program		X						
Reason for Termination		X						
Date of Reinstatement		X						
Date of Termination (After Reinstatement)		X						
Reason for Termination		X						

	DOCUMENTS							
DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Focal Participant Number 4		X						
Name		X						
o Focal Mother		X						
o Focal Child	X	X						
Date of Birth	X	X						
Date of Application		X						
Date of Enrollment		X						
No Longer Focal Participant (Month/Day/Year)		X						
Date of Termination from Program		X						
Reason for Termination		X						
Date of Reinstatement		X						
Date of Termination (After Reinstatement)		X						
Reason for Termination		X						

	DOCUMENTS							
DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Name of Employee			X			X		
Birthdate			X					
Birth Place			X					
Sex			X					
Male			X					
Female			X					
Ethnicity								
o Mexican-American			X					
o Puerto Rican			X					
o Other Caucasian			X					
o Black			X					
o American Indian			X					
o Native Alaskan			X					
o Polynesian			X					
o Oriental			X					
o Other (specify)			X					
Social Security Number			X					
Number of Dependents (other than self)			X					
Present Address			X					
Changed Address			X					
Phone			X					

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Education			X					
o No School			X					
o 1-6 Years			X					
o 7-8 Years			X					
o 9-11 Years			X					
o High School Graduate			X					
o Some College, Business, or Vocational Education beyond High School			X					
o College Graduate			X					
o Advanced Degree(s)			X					
Contact in Emergency			X					
Do You Live in the Neighborhood near the PCC?			X					
Is Your Family Participating in the Parent and Child Center Program:			X					
o Yes			X					
o It did, but is no longer participating.			X					
o No			X					
What Languages (other than English) Do You Speak Fluently?			X					
o None			X					
o French			X					
o Spanish			X					
o Other (specify)			X					
Have you had previous experience with Educational Programs for Pre-School Children?			X					
Have you had special training or experience in Health Care of Pre-School Children?			X					

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
For Which Position Are You Applying?			X					
How Much Previous Experience Have You Had with Pre-Schoolers, other than as a Parent or as an Occasional Babysitter?			X					
Volunteer			X					
• None or less than 6 months			X					
• 6 months - 2 years			X					
• 3 years- 5 years			X					
• Over 5 years			X					
Intern			X					
• None or less than 6 months			X					
• 6 months - 2 years			X					
• 3 years - 5 years			X					
• Over 5 years			X					
Paid			X					
• None or less than 6 months			X					
• 6 months - 2 years			X					
• 3 years - 5 years			X					
• Over 5 years			X					
Last Employer			X					
Company Name			X					
Address			X					
Phone Number			X					

	DOCUMENTS							
DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Familv Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Last Employer								
Supervisor			X					
Dates of Employment			X					
Salary (per week) $			X					
Position Held			X					
A reference Other than Your Last Employer			X					
Name			X					
Address			X					
Phone			X					
Date of Application			X					
Initial Position Applied for			X					

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Date of Employment			X					
Job Title/Position			X			X		
Date of Termination			X					
Reason for Termination			X					
Date of Reinstatement			X					
Job Title/Position			X					
Date of Termination (after reinstatement)			X					
Reason for Termination			X					
Employee Advancement								
Job Title			X					
Date			X					
Annual Salary			X					
Hourly Wage			X					
Salary Paid By						X (in slightly different form)		
o PCC			X					
o PCC & Other Agency			X					
o Other			X					
Status								
o Full Time			X			X		
o Part Time			X			X		

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Employee Advancement			X					
Type			X					
o Prof.			X					
o Non-Prof.			X					
Staff Category			X					
o Admin.			X					
o Direct Service			X					
o Support			X					
Training Since Being Hired			X					
Type of Training or Course Work			X					
Who Provided Training?			X					
Dates			X					

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Quarter Ending (Month/Day/Year)				X	X			
Services Provided								
Visited in Home by PCC Staff								
o Summary by Week				X				
o Total for Quarter				X				
[Telephone Contact]								
o Summary by Week				X				
o Total for Quarter				X				
[Attempted Visit]								
o Summary by Week				X				
o Total for Quarter				X				
Infant Education (Group Setting)								
o Summary by Week				X				
o Total for Quarter				X				
Infant Education (Individual)								
o Summary by Week				X				
o Total for Quarter				X				
Parent-Child Interaction Sessions								
o Summary by Week				X				
o Total for Quarter				X				

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Services Provided								
Programs for Siblings								
o Summary by Week				X				
o Total for Quarter				X				
Hot Meals								
o Summary by Week				X				
o Total for Quarter				X				
Snacks								
o Summary by Week				X				
o Total for Quarter				X				
Family Counseling								
o Summary by Week				X				
o Total for Quarter				X				
Housing Assistance and Home Repairs								
o Summary by Week				X				
o Total for Quarter				X				
Babysitting								
o Summary by Week				X				
o Total for Quarter				X				
Transportation								
o Summary by Week				X				
o Total for Quarter				X				
Other Direct Social, Econ. and Health Services								
o Summary by Week				X				
o Total for Quarter				X				

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Services Provided								
Referrals to Social, Econ. and Health Services								
o Summary by Week				X				
o Total for Quarter				X				
Parent Education and Training								
o Summary by Week				X				
o Total for Quarter				X				

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Participated in				X				
Parent Education and Training by Type During Quarter								
Type of Education/Training								
--Child Development								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Family Life Education and Planning								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Consumer Education								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Health Education								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				

DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
	DOCUMENTS							
Type of Education/Training								
--GED (High School Equivalency)								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Instruction in reading, writing, oral communication								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Home Economics (sewing, cooking, nutrition, hygiene, etc.)								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Job Training or Skill Development								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Orientation to Community Service								
Mother ● Yes ○ No				X				
Father ○ Yes ○ No				X				

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Type of Education/Training								
--Hobbies, Leisure Time, Recreation								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				
--Other (Specify)								
Mother ○ Yes ○ No				X				
Father ○ Yes ○ No				X				

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Type of Health Service or Referral								
General Medical Exam								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Other General Medical Services								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Emergency Health Services								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Prenatal Health Services								
o Focal Mother					X			
Family Planning Services								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Other Children					X			
Specialized Physical Health Services (e.g., vision, speech, hearing)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Specialized Physical Diagnosis/Evaluation/ Treatment								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Dental Exam								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Other Dental Services								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Provision of Medication								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Provision of Equipment (e.g., hearing aid, glasses, orthopedic shoes)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Laboratory Tests (e.g., blood, urine, pregnancy)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Lead Poisoning Testing/Treatment								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Mental Health Services								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Innoculations:								
DPT (last of set)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Polio (last of set)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children.					X			
Rubella								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Vouche
Innoculations:								
Measles								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
Mumps								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children.					X			
Other								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children								

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
ognitive Skills Exam								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			
ther (specify)								
o Focal Mother					X			
o Other Parents					X			
o Other Adults					X			
o Focal Children					X			
o Other Children					X			

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Paid Staff			x (in slightly different form)			X		
o Yes o No								
Consultant						X		
o Yes o No								
Staff Time by Functional Activity								
Administration: Supervision of Personnel and Management (including clerical)						X	Volunteer time on functions x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Administration: Program Planning and Research						X	x	
-- Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Administration: Fund Raising						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	

DATA ELEMENTS	DOCUMENTS Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Staff Time by Functional Activity							Volunteer Time by Function	
Child Supervision and Education						X	X	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Parent Education and Training						X	X	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Social and Economic Services to Family						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
In-Take, Evaluation, and Referral						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Health Services						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Food Services						X	x	
--Total Number of Hours						X	X	
For the Week						X	X	
For the Month						X	x	

DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Staff Time by Functional Activity						X	[illegible] by families	
Community Organization						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Transportation						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Pure Research						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Occupancy (Maintenance and Housekeeping)						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Staff Development and On-the-Job Training						X	x	
--Total Number of Hours						X	x	
For the Week						X	x	
For the Month						X	x	
Total Number of Hours Worked Per Week on PCC Activities						X	x	

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Leave (Vacation, Sick, etc.)						X		
--Total Number of Hours						X		
For the Week						X		
For the Month						X		
Advocacy or Non-PCC Funded Programs						X		
--Total Number of Hours						X		
For the Week						X		
For the Month						X		

	DOCUMENTS							
DATA ELEMENTS	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Worker's Name							X	
Service Donated							X	
Type of Service:							X	
o Professional							X	
o Non-Professional							X	
Total Hours Donated							X	
Allowable Hourly Rate							X	
Total $ Value							X	
o Allowable as Non-Federal Share							X	
o Not Allowable as Non-Federal Share							X	
Date							X	
Time In Out							X	

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
The Number of Hours Worked in Each of the Function Categories for Each Day Services Were Contributed.							X	
Administration: Supervision of Personnel & Management (incl. clerical)							X	
Administration: Prog. Planning & Research							X	
Administration: Fund Raising							X	
Child Supervision and Education							X	
Parent Education and Training							X	
Social and Economic Services to Family							X	
In-Take Evaluation, and Referral							X	
Health Services							X	
Food Services							X	
Community Organization							X	
Transportation							X	
Pure Research							X	
Occupancy (maintenance and housekeeping)							X	
Staff Development & On-the-Job Training							X	
Total Number of Hours							X	

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
ame of Contributor								
ate of Contribution								X
tem Contributed								X
uantity								X
ype of Item Contributed								X
o Cash $								X
Travel								X
o Transportation in State								X
Number of Miles								X
o Transportation out of State								X
Number of Miles								X
o Gasoline and Other Motor Vehicle Supplies								X
o Other								X
Consumable Supplies								X
o Food								X
o Educational Supplies								X
o Office Supplies								X
o Maintenance and Housekeeping								X
o Health Supplies								X
o Clothing								X
o Other								

DATA ELEMENTS	DOCUMENTS							
	Family In-take Record	Family Enrollment Record	Employee In-take Record	Weekly Family Services Record	Family Health Services Record	Weekly Staff Utilization Record	Donated Service Voucher	Donated Goods Voucher
Type of Item Contributed								X
o Space and/or Utilities								X
Equipment								X
o Office Machines								X
o Vehicles								X
o Furnishings								X
o Other								X
o Other Donated Goods								X
Basis for Valuing Goods $								X
Estimated Total $ Value								X
Allowable as Non-Federal Share								X
o Yes o No								X
Not Allowable as Non-Federal Share								X
o Yes o No								X

SECTION VII

VII. DATA ELEMENT BY QUARTERLY PCC REPORTS

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of end of Quarter	X	X	X	X	X	X	X	X
Families Enrolled at End of Quarter	X							
New Families Enrolled During Quarter	X							
Families Reinstated During Quarter	X							
Families Terminated During Quarter	X							
For those families terminated during the quarter, and not currently enrolled at the PCC:	X							
Number of Months Terminated Families Were Enrolled in the PCC Program:	X							
• Less than 1 Month	X							
• 1-3 Months	X							
• 4-6 Months	X							
• 7-9 Months	X							
• 10-12 Months	X							
• 13-18 Months	X							
• 19-24 Months	X							
• 25-36 Months	X							
• 37-48 Months	X							
• Over 48 Months	X							
Reasons for Termination:	X							
number of families for each reason	X							
• Moving from Service Area	X							
• Lack of Transportation	X							
• Focal Child Over 3 Years of Age	X							
• Illness (Self or Family)	X							

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Reasons for Termination:	X							
number of families for each reason	X							
• Lack of Interest	X							
• Income Above Level of Eligibility	X							
• Language Barrier	X							
• Other (specify)	X							
Families Enrolled at the End of the Quarter	X							
• Female Head of Household	X							
• Language Other than English	X							
Household with Handicapped Children	X							
Households with:	X							
• 2 or 3 members	X							
• 4 or 5 members	X							
• 6 or 7 members	X							
• 8 or more members	X							
Receiving AFDC or Public Assistance	X							
Income Below Poverty Level	X							
Participating Children Aged:	X							
• 0 to 3	X							
• 3 to 4	X							
• 4 to 6	X							
• 6 to 9	X							
• 9 Years or Over	X							

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Participants by Ethnicity:	X							
No. of Families	X							
• Mexican-American	X							
• Puerto Rican	X							
• Other Caucasian	X							
• Black	X							
• American Indian	X							
• Native Alaskan	X							
• Polynesian	X							
• Oriental	X							
• Other (specify)	X							
Participants by Ethnicity:	X							
Total No. Participants	X							
• Mexican-American	X							
• Puerto Rican	X							
• Other Caucasian	X							
• Black	X							
• American Indian	X							
• Native Alaskan	X							

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Participants by Ethnicity:	X							
Total No. Participants	X							
• Polynesian	X							
• Oriental	X							
• Other (specify)	X							

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter		X						
Permanent Full- and Part-Time Employees:		X						
• Employees on Payroll		X						
• New Employees Hired During Quarter		X						
• Employees Reinstated During Quarter		X						
• Employees Terminated During Quarter		X						
For Those Employees Terminated During the Quarter and Not Currently Employed at the PCC		X						
Number of Months Each Terminated Employee Worked at the PCC		X						
• Less than 1 Month		X						
• 1-3 Months		X						
• 4-6 Months		X						
• 7-9 Months		X						
• 10-12 Months		X						
• 13-18 Months		X						
• 19-24 Months		X						
• 25-36 Months		X						
• 37-48 Months		X						
• Over 48 Months		X						
Number of Employees Terminated by Reasons for Termination		X						
• Moving		X						
• Better Job		X						
• Further Education		X						
• Pregnancy		X						
• Health		X						
• Retirement		X						

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Number of Employees Terminated by Reasons for Termination		X						
• Dismissal		X						
• Personal Reasons		X						
• Other (specify)		X						
Permanent Full- and Part-Time Employees on the Payroll:		X						
Males		X						
Females		X						
Staff who have been or currently are PCC participants		X						
Part-Time Employees		X						
Full-Time Employees		X						
Professionals		X						
Non-Professionals		X						
Administrative Staff		X						
Direct Service Staff		X						
Support Staff		X						
Employees by Ethnicity:		X						
• Mexican American		X						
• Puerto Rican		X						
• Other Caucasian		X						
• Black		X						
• American Indian		X						
• Native Alaskan		X						
• Polynesian		X						
• Oriental		X						
• Other (specify)		X						
Total Number of Temporary Paid Employees		X						

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter			X					
Total Number of Days PCC Operated During the Quarter			X					
Total Number of Days Child Care Services Provided During the Quarter			X					
Total Number of Centers at End of Quarter			X					
Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter			X					
Total Number of Outreach Homes at End of Quarter			X					
Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter			X					

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Total Number of Day Homes at End of Quarter			X					
Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter			X					
Number of Participants During the Quarter by Type			X					
Focal Mothers (Pregnant Women)			X					
Focal Children (0 to 3 years)			X					
Number of Families Enrolled			X					
Total Number of Policy Council Members at End of Quarter			X					

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Total Number of Parents Serving on the Policy Council at End of Quarter			X					
Average Number of PARENT Members Attending Policy Council Meetings During the Quarter			X					
Total Number of Policy Council Meetings _____ Held During the Quarter			X					

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter				X				
Number of Times Each Service Provided				X				
o Visited in Home by PCC Staff				X				
o [Telephone Contact]				X				
o [Attempted Visits]				X				
o Infant Education - Group Setting				X				
o Infant Education - Individual				X				
o Parent-Child Interaction Sessions				X				
o Programs for Siblings				X				
o Hot Meals				X				
o Snacks				X				
o Family Counseling				X				
o Housing Assistance and Home Repairs				X				
o Babysitting				X				
o Transportation				X				
o Other Direct Social and Economic Services (Including Health)				X				
o Referrals to Social, Economic, and Health Services				X				
o Parent Education and Training				X				

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Total number of Parents Participating in each type of Education and Training during the quarter				X				
o Child Development				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Family Life Education and Family Planning				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Consumer Education				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Health Education				X				
- Number of Mothers				X				
- Number of Fathers				X				
o GED (High School Equivalency)				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Instruction in Reading, Writing, Oral Communication				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Home Economics (sewing, cooking, nutrition, hygiene)				X				
- Number of Mothers				X				
- Number of Fathers				X				

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Total number of Parents Participating in Each Type of Education and Training During the Quarter.				X X				
o Job Training or Skill Development				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Orientation to Community Resources				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Hobbies, Leisure Time and Recreation				X				
- Number of Mothers				X				
- Number of Fathers				X				
o Other (specify)				X				
- Number of Mothers				X				
- Number of Fathers				X				
Total Number of Different Parents Who Participated in Education and Training Sessions During the Quarter				X				
- Number of Mothers				X				
- Number of Fathers				X				

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter					X			
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
General Medical Exam					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Other General Medical Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Emergency Health Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Prenatal Health Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Family Planning Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Specialized Physical Health Services (e.g., vision, speech, hearing)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Specialized Physical Diagnosis/Evaluation/Treatment (e.g., mental retardation)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Dental Exam					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Other Dental Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Provision of Medication					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Provision of Equipment (e.g., glasses, hearing aid, orthopedic shoes)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Laboratory Tests (e.g., blood, urine, pregnancy)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Lead Poisoning Testing/Treatment					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Mental Health Services					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Innoculations:					X			
DPT (last of set)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Polio (last of set)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Rubella					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Measles					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Mumps					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Other (specify)					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Cognitive Skills Tests					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Health Services Received and Referrals Made During Quarter by Each Group Served During the Quarter					X			
Other Services .					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number Who Received Each Service					X			
Total Number of Participants Who Received Health Services or Referrals During the Quarter					X			
• Focal Mothers					X			
• Other Parents					X			
• Other Adults					X			
• Focal Children					X			
• Other Children					X			
• Total Number of Participants Who Received Services					X			

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter						X		
Total Number of Paid Staff						X		
Each Paid Staff Member by Job Title						X		
Each Paid Staff Member by $ Value of Wages and Salaries Accrued Quarterly						X		
Each Paid Staff Member by Job Title by Dollar Value of Wages and Salaries Accrued Quarterly by Number of Work Hours spent in each of the Following Functional Categories of Service						X		
Administration: Supervision of Personnel and Management						X		

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Each Paid Staff Member by Job Title by Dollar Value of Wages and Salaries Accrued Quarterly by Number of Work Hours Spent in Each of the Following Functional Categories of Service.						X		
Administration: Program Planning and Research						X		
Administration: Fund Raising						X		
Child Supervision and Education						X		
Parent Education and Training						X		
Social and Economic Services to Family						X		
In-Take Evaluation and Referral						X		
Health Services						X		
Food Services						X		

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
ach Paid Staff Member by Job Title by ollar Value of Wages and Salaries Accrued uarterly by Number of Work Hours Spent in ach of the Following Functional Categories f Service.						X		
Community Organization						X		
Transportation						X		
Pure Research						X		
Occupancy						X		
Staff Development and On-the-Job Training						X		
Leave						X		
Advocacy or Non-PCC Funded Programs						X		

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter						X		
Total Number of Paid Consultants						X		
Each Paid Consultant by Job Title						X		
Each Paid Consultant by Dollar Value of Wages and Fees Accrued during the Quarter.						X		
Each Paid Consultant by Dollar Value of Wages and Fees Accrued during the Quarter by Job Title by Number of Work Hours spent in Each of the Following Functional Categories of Service:						X		
Administration: Supervision of Personnel and Management						X		
Administration: Program Planning and Research						X		
Administration: Fund Raising						X		

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Each Paid Consultant by Dollar Value of Wages and Fees Accrued During the Quarter by Job Title by Number of Work Hours spent in Each of the Following Functional Categories of Service:						X		
Child Supervision and Education						X		
Parent Education and Training						X		
Social and Economic Services to Family						X		
In-Take Evaluation and Referral						X		
Health Services						X		
Food Services						X		
Community Organization						X		
Transportation						X		
Pure Research						X		
Occupancy						X		
Staff Development and On-the-Job Training						X		

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter							X	
Total Number of Volunteer Professional Workers							X	
The Job Title of Each Professional Volunteer							X	
Estimated $ Value of Services Provided Quarterly by Each Professional Volunteer by the Number of Work Hours Spent in Each of the Following Functional Categories of Service:							X	
Administration: Supervision of Personnel and Management							X	
Administration: Program Planning and Research							X	
Administration: Fund Raising							X	
Child Supervision and Education							X	
Parent Education and Training							X	
Social and Economic Services to Family							X	

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Estimated $ Value of Services Provided Quarterly by Each Professional Volunteer by the Number of Work Hours Spent in Each of the Following Functional Categories of Service:							X	
In-Take Evaluation and Referral							X	
Health Services							X	
Food Services							X	
Community Organization							X	
Transportation							X	
Pure Research							X	
Occupancy							X	
Staff Development and Cn-the-Job Training							X	

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter.							X	
Total Number of Volunteer Non-Professional Workers							X	
The Job Title of Each Non-Professional Volunteer.							X	
Estimated $ Value of Services Provided Quarterly by each Non-Professional Volunteer by the Number of Work Hours spent in Each of the Following Functional Categories of Service:							X	
Administration: Supervision of Personnel and Management							X	
Administration: Program Planning and Research							X	
Administration: Fund Raising							X	
Child Supervision and Education							X	
Parent Education and Training							X	
Social and Economic Services to Family							X	
In-Take Evaluation and Referral							X	

DATA ELEMENTS	DOCUMENTS							
	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Estimated $ Value of Services Provided Quarterly by Each Non-Professional Volunteer by the Number of Work Hours spent in Each of the Following Functional Categories of Service:							X	
Health Services							X	
Food Services							X	
Community Organization							X	
Transportation							X	
Pure Research							X	
Occupancy							X	
Staff Development and On-the-Job Training							X	

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Date of End of Quarter							X	
Total Number of Workers providing services to the PCC that are being paid for their Services from Other Federal Agencies or Programs.							X	
The Job Title of Each Volunteer or Paid Employee of the PCC who is receiving payment for their Services from other Federal Agencies.							X	
Estimated $ Value of Services Provided Quarterly by persons who are volunteered or Paid from Other Federal Agencies by the number of Work Hours spent in Each of the Following Functional Categories of Service:							X	
Administration: Supervision of Personnel and Management							X	
Administration: Program Planning and Research							X	
Administration: Fund Raising							X	

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Estimated $ Value of Services Provided Quarterly by Persons who are Volunteered or paid from other Federal Agencies by the Number of Work Hours spent in Each of the Following Functional Categories of Service:							X	
Child Supervision and Education							X	
Parent Education and Training							X	
Social and Economic Services to Family							X	
In-Take Evaluation and Referral							X	
Health Services							X	
Food Services							X	
Community Organization							X	
Transportation							X	
Pure Research							X	
Occupancy							X	
Staff Development and On-the-Job Training							X	

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Grantee Name								X
Last Day of Quarter								X
Grantee Number								X
Starting Date of Grant								X
Type of Report								X
• Quarter 1								X
• Quarter 2								X
• Quarter 3								X
• Quarter 4 (final)								X
Unexpended from prior program year								X
Payments received this program year								X

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Miscellaneous Income								X
Total Income from OCD								X
Total Budget								X
1.0 PERSONNEL								X
1.1 Salaries & Wages								X
1.2 Fringe Benefits								X
1.3 Consultants & Services by Contract								X
2.0 NON-PERSONNEL								X
2.1 Travel								X
2.1.1 Local								X
2.1.2 Out-of-Area								X
2.2 Space and Utilities								X
2.3 Consumable Supplies								X
2.3.1 Food								X
2.3.2 Maintenance								X
2.3.3 Office Supplies								X
2.3.4 Educational Supplies								X
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								X
2.5 Other Costs								X

DOCUMENTS

DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Federal Expenditures to Date								X
1.0 PERSONNEL								
1.1 Salaries & Wages								
1.2 Fringe Benefits								X
1.3 Consultants & Services by Contract								
2.0 NON-PERSONNEL								
2.1 Travel								
2.1.1 Local								
2.1.2 Out-of-Area								X
2.2 Space and Utilities								
2.3 Consumable Supplies								
2.3.1 Food								
2.3.2 Maintenance								
2.3.3 Office Supplies								
2.3.4 Educational Supplies								X
2.3.5 Other Costs								
2.4 Purchase Lease and Rental of Equipment								
2.5 Other Costs								
Non-federal Expenditures to Date								X
1.0 PERSONNEL								
1.1 Salaries & Wages								
1.2 Fringe Benefits								X
1.3 Consultants & Services by Contract								
2.0 NON-PERSONNEL								
2.1 Travel								
2.1.1 Local								
2.1.2 Out-of-Area								X
2.2 Space and Utilities								
2.3 Consumable Supplies								
2.3.1 Food								
2.3.2 Maintenance								
2.3.3 Office Supplies								
2.3.4 Educational Supplies								
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								
2.5 Other Costs								

DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Federal Expenditures this Quarter								X
1.0 PERSONNEL								
1.1 Salaries & Wages								
1.2 Fringe Benefits								
1.3 Consultants & Services by Contract								X
2.0 NON-PERSONNEL								
2.1 Travel								
2.1.1 Local								
2.1.2 Out-of-Area								
2.2 Space and Utilities								X
2.3 Consumable Supplies								
2.3.1 Food								
2.3.2 Maintenance								
2.3.3 Office Supplies								
2.3.4 Educational Supplies								
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								
2.5 Other Costs								

	DOCUMENTS							
DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
Non-federal Expenditures this Quarter								X
1.0 PERSONNEL								
1.1 Salaries & Wages								
1.2 Fringe Benefits								
1.3 Consultants & Services by Contract								X
2.0 NON-PERSONNEL								
2.1 Travel								
2.1.1 Local								
2.1.2 Out-of-Area								
2.2 Space and Utilities								
2.3 Consumable Supplies								X
2.3.1 Food								
2.3.2 Maintenance								
2.3.3 Office Supplies								
2.3.4 Educational Supplies								
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								
2.5 Other Costs								

DATA ELEMENTS	Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
	DOCUMENTS							
Total Expenditures This Quarter								X
1.0 PERSONNEL								X
1.1 Salaries & Wages								X
1.2 Fringe Benefits								X
1.3 Consultants & Services by Contract								X
2.0 NON-PERSONNEL								X
2.1 Travel								X
2.1.1 Local								X
2.1.2 Out-of-Area								X
2.2 Space and Utilities								X
2.3 Consumable Supplies								X
2.3.1 Food								X
2.3.2 Maintenance								X
2.3.3 Office Supplies								X
2.3.4 Educational Supplies								X
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								X
2.5 Other Costs								X
Revenue Over (Under) Expenditures								X
1.0 PERSONNEL								X
1.1 Salaries & Wages								X
1.2 Fringe Benefits								X
1.3 Consultants & Services by Contract								X
2.0 NON-PERSONNEL								X
2.1 Travel								X
2.1.1 Local								X
2.1.2 Out-of-Area								X
2.2 Space and Utilities								X
2.3 Consumable Supplies								X
2.3.1 Food								X
2.3.2 Maintenance								X

DATA ELEMENTS	DOCUMENTS Quarterly Report on Participant Characteristics	Quarterly Report on Staff Characteristics	Quarterly Report on Services to Participants I	Quarterly Report on Services to Participants II	Quarterly Reports on Health Services to Participants III	Quarterly Staff Utilization Report	Quarterly Report on Donated Services	Quarterly Report on Grantee Financial
2.3.3 Office Supplies								X
2.3.4 Educational Supplies								X
2.3.5 Other Costs								X
2.4 Purchase Lease and Rental of Equipment								X
2.5 Other Costs								X
Non-Federal Expenditures Include excess from other programs								X
• Yes								X
• No								X
A portion of Non-Federal Expenditures has been transferred to other programs								X
• Yes								X
• No								X
Neither of the above applies								X
• Yes								X
• No								X

SECTION VIII

VIII. INPUT-OUTPUT INTERRELATIONSHIPS BY DATA ELEMENT

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

for HEW use
Date Received
[1-5] ☐☐☐☐☐
[6-9] ☐☐☐☐

GRANTEE ____________________
PCC ____________________
GRANT NUMBER ____________________
QUARTER ENDING ____________________
month / day / year

[10-11] 0 1 CARD

[12-14] ________ Families Enrolled at End of Quarter
[15-16] ________ New Families Enrolled During Quarter
[17-18] ________ Families Reinstated During Quarter
[19-20] ________ Families Terminated During Quarter

For Those Families Terminated During the Quarter, and Not Currently Enrolled at the PCC, give the following information:

Number of Months Terminated Families were Enrolled in the PCC Program (show number of families for each category below):

[21-22] ________ Less than 1 Month
[23-24] ________ 1-3 Months
[25-26] ________ 4-6 Months
[27-28] ________ 7-9 Months
[29-30] ________ 10-12 Months
[31-32] ________ 13-18 Months
[33-34] ________ 19-24 Months
[35-36] ________ 25-36 Months
[37-38] ________ 37-48 Months
[39-40] ________ Over 48 Months

Reasons for Termination (show number of families for each reason below):

[41-42] ________ Moving from Service Area
[43-44] ________ Lack of Transportation
[45-46] ________ Focal Child Over 3 Years of Age
[47-48] ________ Illness (Self or Family)
[49-50] ________ Lack of Interest
[51-52] ________ Income Above Level of Eligibility
[53-54] ________ Language Barrier
[55-56] ________ Other (specify): ________

[10-11] 0 2 CARD

Families Enrolled at the End of the Quarter:

[12-14] ________ Female Head of Household
[15-16] ________ Language Other than English
[17-18] ________ Household with Handicapped children

Households with:
[25-26] ________ 2 or 3 members
[27-28] ________ 4 or 5 members
[29-30] ________ 6 or 7 members
[31-32] ________ 8 or more members

[19-21] ________ Receiving AFDC or Public Assistance
[22-24] ________ Income Below Poverty Level

Participating Children Aged:
[33-35] ________ 0 to 3
[36-38] ________ 3 to 4
[39-41] ________ 4 to 6
[42-44] ________ 6 to 9
[45-47] ________ 9 Years or Over

[10-11] 0 3 CARD

Participants by Ethnicity	**No. of Families**	**Total No. Participants**
1 Mexican-American	[12-14] ________	[39-41] ________
2 Puerto Rican	[15-17] ________	[42-44] ________
3 Other Caucasian	[18-20] ________	[45-47] ________
4 Black	[21-23] ________	[48-50] ________
5 American Indian	[24-26] ________	[51-53] ________
6 Native Alaskan	[27-29] ________	[54-56] ________
7 Polynesian	[30-32] ________	[57-59] ________
8 Oriental	[33-35] ________	[60-62] ________
9 Other (specify): ________	[36-38] ________	[63-65] ________

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
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QUARTERLY REPORT ON STAFF CHARACTERISTICS

for HEW use
Date Received ________
[1-5] ☐☐☐☐☐
[6-9] ☐☐☐☐

GRANTEE ________
PCC ________
GRANT NUMBER ________
QUARTER ENDING ________ month / day / year

[10-11]
04
CARD

Permanent Full- and Part-Time Employees

[12-13] ________ Employees on Payroll
[14-15] ________ New Employees Hired During Quarter
[16-17] ________ Employees Reinstated During Quarter
[18-19] ________ Employees Terminated During Quarter

For Those Employees Terminated during the Quarter and Not Currently Employed at the PCC, Give the Following Information:

Number of Months Each Terminated Employee Worked at the PCC (show number of employees for each category below):

[20-21] ________ Less than 1 Month
[22-23] ________ 1-3 Months
[24-25] ________ 4-6 Months
[26-27] ________ 7-9 Months
[28-29] ________ 10-12 Months
[30-31] ________ 13-18 Months
[32-33] ________ 19-24 Months
[34-35] ________ 25-36 Months
[36-37] ________ 37-38 Months
[38-39] ________ Over 48 Months

Reasons for Termination (show number of employees for each reason below):

[40-41] ________ Moving
[42-43] ________ Better Job
[44-45] ________ Further Education
[46-47] ________ Pregnancy
[48-49] ________ Other (specify):
[50-51] ________ Health
[52-53] ________ Retirement
[54-55] ________ Dismissal
[56-57] ________ Personal Reasons

[10-11]
05
CARD

Permanent Full- and Part-Time Employees on the Payroll at End of Quarter:

[12-13] ________ Males
[14-15] ________ Females
[16-17] ________ Staff who have been or currently are PCC participants
[18-19] ________ Part-Time Employees
[20-21] ________ Full-Time Employees
[22-23] ________ Professionals
[24-25] ________ Non-Professionals
[26-27] ________ Administrative Staff
[28-29] ________ Direct Service Staff
[30-31] ________ Support Staff

Employees by Ethnicity:

[32-33] ________ Mexican American
[34-35] ________ Puerto Rican
[36-37] ________ Other Caucasian
[38-39] ________ Black
[40-41] ________ American Indian
[42-43] ________ Native Alaskan
[44-45] ________ Polynesian
[46-47] ________ Oriental
[48-49] ________ Other (specify):

[50-51] ________ Total Number of Temporary Paid Employees

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

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Office of Child Development
U.S. Department of HEW
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QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

for HEW use
Date Received ____________
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GRANTEE ______________________________
PCC ______________________________
GRANT NUMBER ______________________________
QUARTER ENDING ______________________________
month / day / year

[10-11]
0 6
CARD

Program Operations

[12-13] __________ Total Number of Days PCC Operated During the Quarter
[14-15] __________ Total Number of Days Child Care Services Provided During the Quarter
[16] __________ Total Number of Centers at End of Quarter
[17-19] __________ Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter
[20-21] __________ Total Number of Outreach Homes at End of Quarter
[22-24] __________ Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter
[25-26] __________ Total Number of Day Homes at End of Quarter
[27-29] __________ Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter

Participants

Indicate Number of Participants of Each Type Enrolled DURING THE QUARTER

[30-31] __________ Focal Mothers (Pregnant Women)
[32-34] __________ Focal Children (0 to 3 years)

Indicate Number of Families Enrolled DURING THE QUARTER

[35-37] __________ Families Enrolled

Policy Council

[38-39] __________ Total Number of Policy Council Members at End of Quarter
[40-41] __________ Total Number of Parents Serving on the Policy Council at End of Quarter
[42-43] __________ Average Number of PARENT Members Attending Policy Council Meetings During the Quarter
[44-45] __________ Total Number of Policy Council Meetings Held During the Quarter

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

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Office of Child Development
U.S. Department of HEW
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QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

for HEW use
Date Received ________
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GRANTEE ____________________
PCC ____________________
GRANT NUMBER ____________________
QUARTER ENDING ____________________ month / day / year

[10-11]
0 7
CARD

Services to Families

NUMBER OF TIMES EACH SERVICE PROVIDED		SERVICE CATEGORY
[12-15]	________	Visited in Home by PCC Staff
[16-19]	________	[Telephone Contact]
[20-22]	________	[Attempted Visits]
[23-26]	________	Infant Education – Group Setting
[27-30]	________	Infant Education – Individual
[31-34]	________	Parent-Child Interaction Sessions
[35-38]	________	Programs for Siblings
[39-42]	________	Hot Meals
[43-46]	________	Snacks
[47-50]	________	Family Counseling
[51-53]	________	Housing Assistance and Home Repairs
[54-56]	________	Babysitting
[57-60]	________	Transportation
[61-64]	________	Other Direct Social and Economic Services (Including Health)
[65-68]	________	Referrals to Social, Economic, and Health Services
[69-72]	________	Parent Education and Training

[10-11]
0 8
CARD

Parent Education and Training

Enter the Total Number of Parents Participating in each type of education and training during the quarter	Child Development	Family Life Education and Family Planning	Consumer Education	Health Education	GED (High School Equivalency)	Instruction in Reading, Writing, Oral Communication	Home Economics (sewing, cooking, nutrition, hygiene)	Job Training or Skill Development	Orientation to Community Resources	Hobbies, Leisure Time and Recreation	Other (specify):
Number of Mothers											
	[12-14]	[15-17]	[18-20]	[21-23]	[24-26]	[27-29]	[30-32]	[33-35]	[36-38]	[39-41]	[42-44]
Number of Fathers											
	[45-46]	[47-48]	[49-50]	[51-52]	[53-54]	[55-56]	[57-58]	[59-60]	[61-62]	[63-64]	[65-66]

Total Number of *Different* Parents Who Participated in Education and Training Sessions During the Quarter . . . . MOTHERS ______ [67-69] FATHERS ______ [70-72]

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
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QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

for HEW use
Date Received ____
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[6-9] ☐☐☐☐

GRANTEE ____
PCC ____
GRANT NUMBER ____
QUARTER ENDING ____ *month / day / year*

HEALTH SERVICES RECEIVED AND REFERALS MADE DURING QUARTER RTICIPANT ROUPS	General Medical Exam	Other General Medical Services	Emergency Health Services	Prenatal Health Services	Family Planning Services	Specialized Physical Health Services (e.g., vision, speech, hearing)	Specialized Physical Diagnosis/Evaluation/ Treatment (e.g., mental retardation)	Dental Exam	Other Dental Services	Provision of Medication	Provision of Equipment (e.g., glasses, hearing aid, orthopedic shoes)	Laboratory Tests (e.g., blood, urine, pregnancy)	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Lead Poisoning Testing/ Treatment	Mental Health Services	Innoculations: DPT (last of set)	Polio (last of set)	Rubella	Measles	Mumps	Other (specify) ____	Cognitive Skills	Other ____	Total Number of Participants in Each Group Served During Quarter	[10-11] 10 CARD
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ctal Number ho Received ch Service																									[27-29]
[11] 9 RD	[12-14]	[15-17]	[18-20]	[21-23]	[24-26]	[27-29]	[30-32]	[33-35]	[36-38]	[39-41]	[42-44]	[45-47]	[48-50]	[51-53]	[54-56]	[57-59]	[60-62]	[63-65]	[66-68]	[69-71]	[72-74]	[75-77]	[78-80]	Total	

Abt Associates 6/72

Signature of Person Preparing Report	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received
[1-5] ☐☐☐☐☐
[6-9] ☐☐☐☐

GRANTEE ______

PCC ______

GRANT NUMBER ______

QUARTER ENDING ______
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

0-11]
11
ARD

TOTAL NUMBER of PAID STAFF listed below ☐

		$ Value of Wages and Salaries Accrued Quarterly	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH	ADMINISTRATION: FUND RAISING	CHILD SUPERVISION AND EDUCATION	PARENT EDUCATION AND TRAINING	SOCIAL AND ECONOMIC SERVICES TO FAMILY	IN-TAKE EVALUATION AND REFERRAL	HEALTH SERVICES	FOOD SERVICES	COMMUNITY ORGANIZATION	TRANSPORTATION	PURE RESEARCH	OCCUPANCY	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING	LEAVE	ADVOCACY OR NON-PCC FUNDED PROGRAMS
2-13]	**JOB TITLE: Paid Staff** [14-15]	[16-19]	[20-22]	[23-25]	[26-28]	[29-31]	[32-34]	[35-37]	[38-40]	[41-43]	[44-46]	[47-49]	[50-52]	[53-55]	[56-58]	[59-61]	[62-64]	[65-67]
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use
Date Received
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[6-9] ☐☐☐☐

GRANTEE ______________________

PCC ______________________

GRANT NUMBER ______________________

QUARTER ENDING ______________________
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11]
11
CARD

TOTAL NUMBER of PAID STAFF listed below ☐

[12-13]	JOB TITLE: Paid Staff [14-15]	$ Value of Wages and Salaries Accrued Quarterly [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	PURE RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]
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Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT

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Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received					
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GRANTEE ______

PCC ______

GRANT NUMBER ______

QUARTER ENDING ______
month / day / year

1. **List all of the PCC's paid employees by their "Job Title".**
2. **Enter $ value of Wages and Salaries accrued during the quarter.**
3. **Enter a summary of the hours spent by each staff member on each functional service during the quarter.**

[10-11] **1 1** CARD

TOTAL NUMBER of PAID STAFF listed below ☐

[12-13]	**JOB TITLE: Paid Staff** [14-15]	**$ Value of Wages and Salaries Accrued Quarterly** [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	PURE RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]
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Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT

Parent Child Center Program
Office of Child Development
U.s. Department of HEW
OMB 85-R0198 Expires 7/31/74

Date Received ____________
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GRANTEE ____________________________

PCC ____________________________

GRANT NUMBER ____________________________

QUARTER ENDING ____________________________ *month / day / year*

1. List all of the PCC's consultants by their "Job Title".
2. Enter the $ values of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each consultant on each functional service during the quarter.

[10-11] **12** CARD

TOTAL NUMBER OF CONSULTANTS LISTED BELOW ☐

[12-13]	**JOB TITLE: Consultants** [14-15]	**$ Value of Wages and Salaries Accrued Quarterly** [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20--22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	PURE RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
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QUARTERLY REPORT ON DONATED SERVICES

[Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.s. Department of HEW
OMB 85-R0198 Expires 7/31/74

Date Received ______
[1-5] ☐☐☐☐☐
[6-9] ☐☐☐☐

GRANTEE ______
PCC ______
GRANT NUMBER ______
QUARTER ENDING ______
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 1 3 CARD

TOTAL NUMBER OF PROFESSIONAL WORKERS LISTED BELOW ☐

		Estimated $ Value of Services Provided Quarterly	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH	ADMINISTRATION: FUND RAISING	CHILD SUPERVISION AND EDUCATION	PARENT EDUCATION AND TRAINING	SOCIAL AND ECONOMIC SERVICES TO FAMILY	IN-TAKE EVALUATION AND REFERRAL	HEALTH SERVICES	FOOD SERVICES	COMMUNITY ORGANIZATION	TRANSPORTATION	PURE RESEARCH	OCCUPANCY	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING
[12-13]	JOB TITLE: Professionals [14-15]	[16-19]	[20-22]	[23-25]	[26-28]	[29-31]	[32-34]	[35-37]	[38-40]	[41-43]	[44-46]	[47-49]	[50-52]	[53-55]	[56-58]	[59-61]
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY REPORT ON DONATED SERVICES
[Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.s. Department of HEW
OMB 85-R0198 Expires 7/31/74

Date Received ______
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[6-9] ☐☐☐☐

GRANTEE ______
PCC ______
GRANT NUMBER ______
QUARTER ENDING ______
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 14 CARD

TOTAL NUMBER OF NON-PROFESSIONALS LISTED BELOW ☐

[12-13]	JOB TITLE: Non-Professionals [14-15]	Estimated $ Value of Services Provided Quarterly [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	PURE RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY REPORT ON DONATED SERVICES VOLUNTEERED OR PAID FOR FROM OTHER FEDERAL AGENCIES [Not Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.s. Department of HEW
OMB 85-R0198 Expires 7/31/74

Date Received ______
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GRANTEE ______
PCC ______
GRANT NUMBER ______
QUARTER ENDING ______ *month / day / year*

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 15 CARD

TOTAL NUMBER OF WORKERS LISTED BELOW ☐

[12-13]	JOB TITLE: [14-15]	Estimated $ Value of Services Provided Quarterly [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20--22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	PURE RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Date Form Completed	Documentation of data validity.
		Name of Head of Household	Information for use by PCC and audit documentation.
		Social Security Number	Data base for impact studies.
		Sex	Quarterly Report--Card 02, columns 12-14.
		Address	Information for use by PCC.
		Phone	" "
		Name of Focal Participant(s)	Information for use by PCC and audit documentation.
		Who is the Eligible Recipient for PCC Services? o A pregnant woman and only one focal child o A pregnant woman and more than one focal child o Pregnant woman o One focal child o Two focal children o Three or more focal children	Quarterly Report--Card 06, columns 30-37. An input to data reported in Family enrollment record.
		What is the Relationship Between the Focal Child and the Head of the Household? o Natural Parent o Foster Parent o Adoptive Parent o Legal Guardian o Grandparent or other relative (if not legal guardian) o Other (specify)	Documentation of data validity and data base for impact studi

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Name of Parent or Guardian	Information for use by PCC, and when matched with "Name of Head of Household" a part of a data base for impact studies.
		o In Household o Temporarily Out of Household o Permanently Out of Household	Validation of data, input to data base for impact studies, and for local PCC use.
		' Date of Birth	Information for use by PCC and data base for impact studies.
		Highest Grade of School Completed by Parent or Guardian	" "
		o No School o 1-6 Years o 7-8 Years o 9-11 Years o High School Graduate o Some college, business, or vocational education beyond High School o College Graduate o Advanced Degree(s)	
		Ethnicity of Parent or Guardian	Quarterly Report--Card 03, columns 12-65.
		o Mexican-American o Puerto Rican o Other Caucasian o Black o American Indian o Native Alaskan o Polynesian o Oriental o Other (specify)	

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Name of Spouse	Information for use by PCC.
		• In Household • Temporarily Out of Household • Permanently Out of Household	Validation of data, input to data base for impact studies, and for local PCC use.
		Date of Birth	Information for use by PCC and data base for impact studies.
		Highest Grade of School Completed by Parent or Guardian	" "
		• No School • 1-6 Years • 7-8 Years • 9-11 Years • High School Graduate • Some college, business, or vocational education beyond High School • College Graduate • Advanced Degree(s)	
		Ethnicity of Parent or Guardian	Quarterly Report--Card 03, columns 12-65.
		• Mexican-American • Puerto Rican • Other Caucasian • Black • American Indian • Native Alaskan • Polynesian • Oriental • Other (specify)	

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER	The Following Questions Are About the House the Child Is Living in Now:	
		Housing Status o Public Housing o Renting, not Public Housing o Own a Home o Buying a Home o Sharing a Housing Unit o Temporary Housing o Other (specify)	Information for use by PCC and data base for impact studies.
		How Far Away from the PCC is the Participant Living? o Less than 1.0 mile o 1.0 through 3.0 miles o 3.1 through 6.0 miles o 6.1 through 9.0 miles o 9.1 through 12.0 miles o 12.1 through 15.0 miles o More than 15 miles	" "
		How Many Rooms Are There in the House or Apartment?	" "
		What Is the Total Number of Rooms Used for Sleeping?	" "
		Language Most Often Spoken in the Home	Quarterly Report--Card 02, columns 15-16.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER	Total Number of Members in the Household	Quarterly Report--Card 02, columns 25-32.
		Total Family Annual Income (for past year) $	Quarterly Report--Card 02, columns 22-24.
		Primary Source (Largest Source) of Family Income over the Past Year o Farm o Non-Farm	" "
		Primary Source (Largest Source) of Family Income over the Past Year o Employment o Unemployment Compensation o AFDC o Public Assistance o Social Security o Workman's Compensation o Veteran's Pension o Military Salary o Alimony or Child Support o Other (specify)	Quarterly Report--Card 02, columns 19-21.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Is the Family Currently Participating in Other Federally-Sponsored Programs?	Information for use by PCC and data base for impact and other special studies.
		o Summer Head Start o Full Year Head Start o Other Pre-School Program o Neighborhood Youth Corps (NYC) o Job Corps o Upward Bound o Public Housing Projects o Medicaid o Welfare (AFDC) o Food Stamps o Federal Surplus Commodities o Work Incentives Program (WIN) o Concentrated Employment Program (CEP) o Followthrough o High School Equiv. Program (HEP) o Other (specify)	
		Children	
		Name of Child No. 1	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.
		Name of Child No. 2	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Children	
		Name of Child No. 3	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.
		Name of Child No. 4	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.
		Name of Child No. 5	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.
		Name of Child No. 6	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY IN-TAKE RECORD	FILLED OUT UPON ENROLLMENT; UPDATED ANNUALLY IN SEPTEMBER.	Children	
		Name of Child No. 7	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.
		Name of Child No. 8	Information for use by PCC.
		Date of Birth	Quarterly Report--Card 02, columns 33-47.
		Sex	Data base for impact studies.
		Focal Child	Quarterly Report--Card 06, columns 32-34.
		Handicaps (Specify)	Quarterly Report--Card 02, columns 17-18.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
AMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Date Form Completed	Documentation of data validity.
		Name of Participant Family	Information for use by PCC Staff, and audit documentation.
		Name Changes (if applicable)	" "
		Address	" "
		Date	" "
		Phone	" "
		Address Change	" "
		Date	" "
		Phone	" "
		Contact in Case of Emergency	Information restricted to PCC Staff use.
		Name	
		Address	" "
		Relationship to Focal Participants	" "
		Home Phone	" "
		Business Phone	" "

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
AMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Screening Tests	Information for use by PCC staff. Data base for impact studies.
		Name of Participant	
		Type	" "
		Date Completed	" "
		Family Enrollment Status	
		Date Family Enrolled	Quarterly Report--Card 01, columns 15-16.
		Date Family Terminated	Quarterly Report--Card 01, columns 19-20.
		Date Family Reinstated	Quarterly Report--Card 01, columns 17-18.
		Date Family Terminated (After Reinstatement)	Quarterly Report--Card 01, columns 19-20.
		Total Length of Time Family Participated in PCC Program	Quarterly Report--Card 01, columns 21-40.
		Individual Enrollment Status	
		Family Name	The name itself is information for PCC use; the presence of a name is input to Quarterly Report--Card 06, columns 35-37.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Focal Participant Number 1	
		Name	Information for PCC use.
		• Focal Mother	Quarterly Report--Card 06, columns 30-31.
		• Focal Child	Quarterly Report--Card 06, columns 32-34.
		Date of Birth	Quarterly Report--Card 02, columns 33-45.
		Date of Application	Information for PCC use.
		Date of Enrollment	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		No Longer Focal Participant (Month/Day/Year)	" "
		Date of Termination from Program	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.
		Date of Reinstatement	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		Date of Termination (After Reinstatement)	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Focal Participant Number 2	
		Name	Information for PCC use.
		• Focal Mother	Quarterly Report--Card 06, columns 30-31.
		• Focal Child	Quarterly Report--Card 06, columns 32-34.
		Date of Birth	Quarterly Report--Card 02, columns 33-45.
		Date of Application	Information for PCC use.
		Date of Enrollment	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		No Longer Focal Participant (Month/Day/Year)	" "
		Date of Termination from Program	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.
		Date of Reinstatement	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		Date of Termination (After Reinstatement)	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
AMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Focal Participant Number 3	
		Name	Information for PCC use.
		o Focal Mother	Quarterly Report--Card 06, columns 30-31.
		o Focal Child	Quarterly Report--Card 06, columns 32-34.
		Date of Birth	Quarterly Report--Card 02, columns 33-45.
		Date of Application	Information for PCC use.
		Date of Enrollment	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		No Longer Focal Participant (Month/Day/Year)	" "
		Date of Termination from Program	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.
		Date of Reinstatement	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		Date of Termination (After Reinstatement)	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY ENROLLMENT	FILLED OUT UPON ENROLLMENT; UPDATED AS ENROLLMENT STATUS CHANGES.	Focal Participant Number 4	
		Name	Information for PCC use.
		● Focal Mother	Quarterly Report--Card 06, columns 30-31.
		● Focal Child	Quarterly Report--Card 06, columns 32-34.
		Date of Birth	Quarterly Report--Card 02, columns 33-45.
		Date of Application	Information for PCC use.
		Date of Enrollment	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		No Longer Focal Participant (Month/Day/Year)	" "
		Date of Termination from Program	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.
		Date of Reinstatement	Cross check on input to Quarterly Report--Card 06, columns 30-37.
		Date of Termination (After Reinstatement)	" "
		Reason for Termination	Quarterly Report--Card 01, columns 41-56.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
EMPLOYEE IN-TAKE	UPON APPLICATION OR EMPLOYMENT; ANNUAL UPDATE IN SEPTEMBER.	Name of Employee	Information for PCC use.
		Birthdate	Information for PCC use, and data base for impact studies.
		Birth Place	Information for PCC use (required by law to determine citizenship), and data base for impact studies.
		Sex	Quarterly Report--Card 05, columns 12-15.
		Ethnicity • Mexican-American • Puerto Rican • Other Caucasian • Black • American Indian • Native Alaskan • Polynesian • Oriental • Other (specify)	Quarterly Report--Card 05, columns 32-49.
		Social Security Number	Information for PCC use (required by law).
		Number of Dependents (other than self)	Information for PCC use (payroll, deductions).
		Present Address	Information for PCC use.
		Changed Address	Information for PCC use.
		Phone	Information for PCC use.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
EMPLOYEE IN-TAKE	UPON APPLICATION OR EMPLOYMENT; ANNUAL UPDATE IN SEPTEMBER.	Education ● No School ● 1-6 Years ● 7-8 Years ● 9-11 Years ● High School Graduate ● Some College, Business, or Vocational Education beyond High School ● College Graduate ● Advanced Degree(s)	Information for PCC use, and data base for impact studies.
		Contact in Emergency	Information for PCC use.
		Do You Live in the Neighborhood near the PCC?	Information for PCC use, and data base for impact studies.
		Is Your Family Participating in the Parent and Child Center Program: ● Yes ● It did, but is no longer participating. ● No	Quarterly Report--Card 05, columns 16-17.
		What Languages (other than English) Do You Speak Fluently? ● None ● French ● Spanish ● Other (specify)	Information for PCC use, and data base for impact studies.
		Have you had previous experience with Educational Programs for Pre-School Children?	Information for PCC use, and data base for impact studies.
		Have you had special training or experience in Health Care of Pre-School Children?	Information for PCC use, and data base for impact studies.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
EMPLOYEE IN-TAKE	UPON APPLICATION OR EMPLOYMENT; ANNUAL UPDATE IN SEPTEMBER.	For Which Position Are You Applying?	Information for PCC use, and data base for impact studies.
		How Much Previous Experience Have You Had with Pre-Schoolers, other than as a Parent or as an Occasional Babysitter?	Information for PCC use, and data for impact studies.
		Volunteer None or less than 6 months 6 months - 2 years Intern 3 years - 5 years Over 5 years Paid	
		Last Employer	Information for PCC use.
		Company Name	" "
		Address	" "
		Phone Number	" "
		Supervisor	" "
		Dates of Employment	and data base for impact studies.
		Salary (per week) $	Information for PCC use, and data base for impact studies.
		Position Held	" "
		A Reference Other than Your Last Employer	Information for PCC use.
		Name	" "
		Address	" "
		Phone	" "
		Date of Application	Information for PCC use, and data base for impact studies.
		Initial Position Applied for	" "

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
EMPLOYEE IN-TAKE	UPON APPLICATION OR EMPLOYMENT; ANNUAL UPDATE IN SEPTEMBER	Date of Employment	Quarterly Report--Card 04, columns 12-15.
		Job Title/Position	Information for PCC use (including annual grant application), and impact studies.
	UPDATED AS CHANGES OCCUR.	Date of Termination	Quarterly Report--Card 04, columns 18-19.
		Reason for Termination	Quarterly Report--Card 04, columns 40-57.
		Date of Reinstatement	Quarterly Report--Card 04, columns 16-17.
		Job Title/Position	Information for PCC use (including annual grant application), and impact studies.
		Date of Termination (after reinstatement)	Quarterly Report--Card 04, columns 18-19.
		Reason for Termination	Quarterly Report--Card 04, columns 40-57.
		Employee Advancement	
		Job Title	Information for PCC use and data base for impact studies.
		Date	" "
		Annual Salary	Quarterly Report--Card 11, columns 16-19.
		Hourly Wage	Quarterly Report--Card 11, columns 16-19.
		Salary Paid By ● PCC ● PCC & Other Agency ● Other	Quarterly Report--Card 11, Card 13, Card 14, or Card 15.
		Status ● Full Time ● Part Time	Quarterly Report--Card 05, columns 18-21.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
EMPLOYEE IN-TAKE	UPON APPLICATION OR EMPLOYMENT; UPDATED AS CHANGES OCCUR.	Employee Advancement	
		Type • Prof. • Non-Prof.	Quarterly Report--Card 05, columns 22-25.
		Staff Category • Admin. • Direct Service • Support	Quarterly Report--Card 05, columns 26-31.
		Training Since Being Hired	
		Type of Training or Course Work	Information for PCC use and data base for impact studies.
		Who Provided Training?	" "
		Dates	" "

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	WEEKLY	Family Name	Information for PCC use; this data point plus mother-father attendanc is input to Quarterly Report--Card 08, columns 67-72.
		Quarter Ending (Month/Day/Year)	Documentation of data validity.
		Services Provided	
		Visited in Home by PCC Staff • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 12-15.
		[Telephone Contact] • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 16-19.
		[Attempted Visit] • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 20-22.
		Infant Education (Group Setting) • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 23-26.
		Infant Education (Individual) • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 27-30.
		Parent-Child Interaction Sessions • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 31-34.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	WEEKLY	Services Provided	
		Programs for Siblings • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 35-38.
		Hot Meals • Summary by Week • Total for Quarter	Quarterly Report--Card 07 columns 39-42.
		Snacks • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 43-46.
		Family Counseling • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 47-50.
		Housing Assistance and Home Repairs • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 51-53.
		Babysitting • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 54-56.
		Transportation • Summary by Week • Total for Quarter	Quarterly Report--Card 07, columns 57-60.
		Other Direct Social, Econ. and Health Services • Summary by Week • Total for Quarter	Quarterly Report--Card o7, columns 61-64.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	WEEKLY	Services Provided	
		Referrals to Social, Econ. and Health Services o Summary by Week o Total for Quarter	Quarterly Report--Card 07, columns 65-68.
		Parent Education and Training o Summary by Week o Total for Quarter	Quarterly Report--Card 07, columns 69-72.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	QUARTERLY SUMMARY; RECORDED WEEKLY.	Participated in	
		Parent Education and Training by Type During Quarter	
		Type of Education/Training	
		--Child Development	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 12-14.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 45-46.
		--Family Life Education and Planning	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 15-17.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 47-48.
		--Consumer Education	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 18-20.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 49-50.
		--Health Education	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 21-23.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 51-52.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	QUARTERLY SUMMARY; RECORDED WEEKLY.	Type of Education/Training	
		--GED (High School Equivalency)	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 24-26.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 53-54.
		--Instruction in reading, writing, oral communication	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 27-29.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 55-56.
		--Home Economics (sewing, cooking, nutrition, hygiene, etc.)	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 30-32.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 57-58.
		--Job Training or Skill Development	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 33-35.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 59-60.
		--Orientation to Community Service	
		Mother ● Yes ● No	Quarterly Report--Card 08, columns 36-38.
		Father ● Yes ● No	Quarterly Report--Card 08, columns 61-62.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
WEEKLY FAMILY SERVICES	QUARTERLY SUMMARY; RECORDED WEEKLY.	Type of Education/Training --Hobbies, Leisure Time, Recreation	
		Mother ○ Yes ○ No	Quarterly Report--Card 08, columns 39-41.
		Father ○ Yes ○ No	Quarterly Report--Card 08, columns 63-64.
		--Other (Specify)	
		Mother ○ Yes ○ No	Quarterly Report--Card 08, columns 42-44.
		Father ○ Yes ○ No	Quarterly Report--Card 08, columns 65-66.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Family Name	Information for PCC use.
		Quarter Ending	Documentation of data validity.
		Type of Health Service or Referral	
		General Medical Exam	Quarterly Report--Card 09, columns 12-14.
		● Focal Mother	Quarterly Report--Card 10, columns 12-14.
		● Other Parents	Quarterly Report--Card 10, columns 15-17.
		● Other Adults	Quarterly Report--Card 10, columns 18-20.
		● Focal Children	Quarterly Report--Card 10, columns 21-23.
		● Other Children	Quarterly Report--Card 10, columns 24-26.
		Other General Medical Services	Quarterly Report--Card 09, columns 15-17.
		● Focal Mother	Quarterly Report--Card 10, columns 12-14.
		● Other Parents	Quarterly Report--Card 10, columns 15-17.
		● Other Adults	Quarterly Report--Card 10, columns 18-20.
		● Focal Children	Quarterly Report--Card 10, columns 21-23.
		● Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Emergency Health Services	Quarterly Report--Card 09, columns 18-20.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Prenatal Health Services	Quarterly Report--Card 09, columns 21-23.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		Family Planning Services	Quarterly Report--Card 09, columns 24-26.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Specialized Physical Health Services (e.g., vision, speech, hearing)	Quarterly Report--Card 09, columns 27-29.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Specialized Physical Diagnosis/Evaluation/ Treatment	Quarterly Report--Card 09, columns 30-32.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Dental Exam	Quarterly Report--Card 09, columns 33-35.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Other Dental Services	Quarterly Report--Card 09, columns 36-38.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW - SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Provision of Medication	Quarterly Report--Card 09, columns 39-41.
		o Focal Mother	Quarterly Report--Card 10, columns 12-14.
		o Other Parents	Quarterly Report--Card 10, columns 15-17.
		o Other Adults	Quarterly Report--Card 10, columns 18-20.
		o Focal Children	Quarterly Report--Card 10, columns 21-23.
		o Other Children	Quarterly Report--Card 10, columns 24-26.
		Provision of Equipment (e.g., hearing aid, glasses, orthopedic shoes)	Quarterly Report--Card 09, columns 42-44.
		o Focal Mother	Quarterly Report--Card 10, columns 12-14.
		o Other Parents	Quarterly Report--Card 10, columns 15-17.
		o Other Adults	Quarterly Report--Card 10, columns 18-20.
		o Focal Children	Quarterly Report--Card 10, columns 21-23.
		o Other Children	Quarterly Report--Card 10, columns 24-26.
		Laboratory Tests (e.g., blood, urine, pregnancy)	Quarterly Report--Card 09, columns 45-47.
		o Focal Mother	Quarterly Report--Card ~~09~~ 10, columns 12-14.
		o Other Parents	Quarterly Report--Card 10, columns 15-17.
		o Other Adults	Quarterly Report--Card 10, columns 18-20.
		o Focal Children	Quarterly Report--Card 10, columns 21-23.
		o Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Quarterly Report--Card 09, columns 48-50.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Lead Poisoning Testing/Treatment	Quarterly Report--Card 09, columns 51-53.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Mental Health Services	Quarterly Report--Card 09, columns 54-56.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Innoculations:	
		DPT (last of set)	Quarterly Report--Card 09, columns 57-59.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Polio (last of set)	Quarterly Report--Card 09, columns 60-62.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Rubella	Quarterly Report--Card 09, columns 63-65.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Innoculations:	
		Measles	Quarterly Report--Card 09, columns 66-68.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Mumps	Quarterly Report--Card 09, columns 69-71.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Other (specify)	Quarterly Report--Card 09, columns 72-74.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
FAMILY HEALTH SERVICES	AS THEY ARE DELIVERED; SUMMARIZED QUARTERLY	Cognitive Skills Exam	Quarterly Report--Card 09, columns 75-77.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.
		Other (specify)	Quarterly Report--Card 09, columns 78-80.
		• Focal Mother	Quarterly Report--Card 10, columns 12-14.
		• Other Parents	Quarterly Report--Card 10, columns 15-17.
		• Other Adults	Quarterly Report--Card 10, columns 18-20.
		• Focal Children	Quarterly Report--Card 10, columns 21-23.
		• Other Children	Quarterly Report--Card 10, columns 24-26.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
STAFF UTILIZATION	WEEKLY; SUMMARIZED QUARTERLY	Name	Documentation of data validity.
		Job Title	Quarterly Report--Card 11, columns 14-15.
		Paid Staff	Quarterly Report--Card 12, columns 14-15.
		● Yes ● No	Decision on whether to enter data on Quarterly Report--Card 11 or Card 12.
		Consultant	
		● Yes ● No	
		Staff Time by Functional Activity	
		Administration: Supervision of Personnel and Management (including clerical)	Quarterly Report--Card 11/12, columns 20-22.
		--Total Number of Hours For the Week For the Month	
		Administration: Program Planning and Research	Quarterly Report--Card 11/12, columns 23-25.
		-- Total Number of Hours For the Week For the Month	
		Administration: Fund Raising	Quarterly Report--Card 11/12, columns 26-28.
		--Total Number of Hours For the Week For the Month	

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
STAFF UTILIZATION	WEEKLY; SUMMARIZED QUARTERLY.	Staff Time by Functional Activity	
		Child Supervision and Education	Quarterly Report--Card 11/12, columns 29-31.
		--Total Number of Hours For the Week For the Month	
		Parent Education and Training	Quarterly Report--Card 11/12, columns 32-34.
		--Total Number of Hours For the Week For the Month	
		Social and Economic Services to Family	Quarterly Report--Card 11/12, columns 35-37.
		--Total Number of Hours For the Week For the Month	
		In-Take, Evaluation, and Referral	Quarterly Report--Card 11/12, columns 38-40.
		--Total Number of Hours For the Week For the Month	
		Health Services	Quarterly Report--Card 11/12, columns 41-43.
		--Total Number of Hours For the Week For the Month	
		Food Services	Quarterly Report--Card 11/12, columns 44-46.
		--Total Number of Hours For the Week For the Month	

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
STAFF UTILIZATION	WEEKLY; SUMMARIZED QUARTERLY	Staff Time by Functional Activity	
		Community Organization	Quarterly Report--Card 11/12, columns 47-49.
		--Total Number of Hours For the Week For the Month	
		Transportation	Quarterly Report--Card 11/12, columns 50-52.
		--Total Number of Hours For the Week For the Month	
		Pure Research	Quarterly Report--Card 11/12, columns 53-55.
		--Total Number of Hours For the Week For the Month	
		Occupancy (Maintenance and Housekeeping)	Quarterly Report--Card 11/12, columns 56-58.
		--Total Number of Hours For the Week For the Month	
		Staff Development and On-the-Job Training	Quarterly Report--Card 11/12, columns 59-61.
		--Total Number of Hours For the Week For the Month	
		Total Number of Hours Worked Per Week on PCC Activities	Information for PCC use, and for data validation.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
STAFF UTILIZATION	WEEKLY; SUMMARIZED QUARTERLY	Leave (Vacation, Sick, etc.) --Total Number of Hours For the Week For the Month	Quarterly Report--Card 11, columns 62-64.
		Advocacy or Non-PCC Funded Programs --Total Number of Hours For the Week For the Month	Quarterly Report--Card 11, columns 65-67.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
DONATED SERVICE VOUCHER	AT THE TIME OF THE DONATION	The Number of Hours Worked in Each of the Function Categories for Each Day Services Were Contributed.	
		Administration: Supervision of Personnel & Management (incl. clerical)	Quarterly Report--Card 13/14/15, columns 20-22.
		Administration: Prog. Planning & Research	Quarterly Report--Card 13/14/15, columns 23-25.
		Administration: Fund Raising	Quarterly Report--Card 13/14/15, columns 26-28.
		Child Supervision and Education	Quarterly Report--Card 13/14/15, columns 29-31.
		Parent Education and Training	Quarterly Report--Card 13/14/15, columns 32-34.
		Social and Economic Services to Family	Quarterly Report--Card 13/14/15, columns 35-37.
		In-Take Evaluation, and Referral	Quarterly Report--Card 13/14/15, columns 38-40.
		Health Services	Quarterly Report--Card 13/14/15, columns 41-43.
		Food Services	Quarterly Report--Card 13/14/15, columns 44-46.
		Community Organization	Quarterly Report--Card 13/14/15, columns 47-49.
		Transportation	Quarterly Report--Card 13/14/15, columns 50-52.
		Pure Research	Quarterly Report--Card 13/14/15, columns 53-55.
		Occupancy (maintenance and housekeeping)	Quarterly Report--Card 13/14/15, columns 56-58.
		Staff Development & On-the-Job Training	Quarterly Report--Card 13/14/15, columns 59-61.
		Total Number of Hours	Information for PCC use, and for data validation.

DOCUMENTATION OF DATA FLOW--SYSTEM INPUTS

RECORD	FREQUENCY/UPDATE	DATA POINT	INPUT TO
DONATED GOODS VOUCHER	AT THE TIME OF THE CONTRIBUTION.	Type of Item Contributed	
		● Space and/or Utilities	Quarterly Report--Grantee Financia Report, Non-Personnel Expenditur Non-Federal
		Equipment	
		● Office Machines	" "
		● Vehicles	" "
		● Furnishings	" "
		● Other	" "
		● Other Donated Goods	" "
		Basis for Valuing Goods $	Documentation for audits.
		Estimated Total $ Value $	" "
		Allowable as Non-Federal Share	Documentation for audits and Quarterly Report--Financial Report, Non-Personnel Expenditure Non-Federal.
		● Yes ● No	
		Not Allowable as Non-Federal Share	Documentation for audits and data base for special studies.
		● Yes ● No	